

**Confronting the Ghosts: An Interpretive Phenomenological  
Analysis of Parents' Experience of Making Links  
between their Childhood and Current Parenting Style**

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## **Declaration**

I declare that the work contained in this thesis is all my own

Rebecca Cooper

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## Abstract

Research on the intergenerational transmission of attachment (e.g. Trevarthen, 1977; Main, Kaplan & Cassidy, 1985; Main and Hesse, 1990; and Cassidy, Woodhouse, Cooper, Hoffman, Powell & Rodenberg, 2005) has indicated that, to improve her child's attachment security, a mother may need to initially address her own attachment representations. Various interventions have therefore been designed to facilitate parents making links between their own experiences of being parented, and the way in which they currently parent their children. Research has shown these interventions to have favourable outcomes, yet the process of change is inadequately understood.

During the current study, participants from the Making Links Service (an intervention recently established in Fife) were given semi-structured interviews. The methodology was qualitative and Interpretive Phenomenological Analysis (Smith, 1996) was used to analyse these interviews. The aim was to explore parents' experiences of the making links process and the intervention they had received.

Eight super-ordinate themes emerged from the analysis. The first described parents' experiences prior to engaging with the service, from difficult childhood events to episodes of struggling in the more recent past. The second, third and fourth super-ordinate themes encompassed the emotional, cognitive and behavioural changes brought about by the making links process. The fifth described the parents' tendency to use comparison throughout their narratives, and the various functions this may have served. The sixth concerned the impact of the parents' relationship with the therapist on the work, and the seventh how the work had affected their relationships with others in their lives. Finally the eighth super-ordinate theme represented how the parents perceived public services and the current service in which they were engaged.

Implications for future service development identified based on these themes included ways to create change, empower parents, and manage the emotional experience most effectively. Ideas for further research included incorporating a wider range of perspectives in the interviews, including those of fathers.

# 1. Background

Attachment is defined by Levy and Orlans as:

“...the deep and enduring connection established between a child and caregiver in the first several years of life.” (Levy and Orlans, 1998, p1)

Healthy attachment to a warm and loving caregiver is considered a basic human need that has vast implications for how an individual succeeds in life. Research has demonstrated, for example, that a securely attached child is likely to function well in several different areas, including self-esteem, independence, resilience and empathy. Moreover, they are likely to develop and maintain successful interpersonal relationships and be spared mental ill health (Levy and Orlans, 1998). The outlook for an insecurely attached child is, in contrast, likely to be quite different and they may be disadvantaged in a number of ways. In particular, researchers have discussed how being insecurely attached can cause a child to be at risk of psychopathology in later years (Belsky and Cassidy, 1994). Shaw and Vondra (1995), for instance, studied infants from low-income families over a 3-year period, and found a correlation between insecure attachment at year one and behavioural problems at year three. Similarly, Lyons-Ruth, Alpern and Repacholi (1993) found that a disorganised/disoriented classification together with maternal psychosocial problems in the child's first year, predicted hostile-aggressive classroom behaviour at preschool.

Furthermore, studies conducted with older children have, unfortunately, demonstrated this concerning pattern to continue through to adolescence and beyond. Levy and Orlans have examined the various ways that attachment problems can impact on the child's personality:

“...these children exhibit a lack of conscience, self-gratification at the expense of others, lack of responsibility, dishonesty, and a blatant disregard for the rules and standards of family and society. These behaviours contribute to the

development of antisocial personality, and to the more violent and heartless crimes being committed by today's youth." (Levy and Orlans, 1999, p19)

The authors go on to discuss how these children overwhelm youth justice and welfare systems in the United States. Unfortunately, it would now seem that a similar problem has developed in Scotland. Scottish Executive statistics indicate, for example, that in the year 2000 over 7,200 children were referred to Scottish local authorities for child protection inquiries. In 78% of case conferences the primary source of risk to the child was known or suspected to be their birth parent/s, and in 72% the child was identified as being at risk of physical injury or neglect (Scottish Executive National Statistics Publication, 2001). In each of these cases, the child would have been at risk for attachment problems. Given the significant implications in terms of life trajectory, children with disrupted attachment are thus increasingly being prioritised by mental health services in Scotland and the knowledge base regarding attachment is ever widening.

The current study is concerned with one particular aspect of attachment, namely the transmission of attachment across generations. The literature regarding this indicates that parental representations of attachment are an important factor in this transmission. Linking parents' childhood experiences to their current parenting consequently forms a central component of various attachment interventions. The way in which parents experience making these links has not yet been explored, however, as research to date has tended to focus on outcome rather than process. The study will therefore attempt to address this through the qualitative evaluation of parents' experiences of the Making Links Project, a new attachment intervention in Fife. To help orientate the reader to the current literature, a general overview of attachment theory will be given initially, followed by a discussion of the various ideas regarding the mechanisms of the intergenerational transmission of attachment. The implications of these ideas in terms of intervention will then be examined, with a particular focus on the exploration of parents' attachment representations (the way in which they perceive their attachment history). The perceived benefits and drawbacks of engaging in this process will be discussed briefly before a review of some current attachment interventions that include making links as a central component. The rationale for the

study will then be outlined, including a summary of the Making Links Project and the reasoning behind seeking the views of service users through qualitative analysis.

The research presented has been derived from a literature search carried out to establish current thinking in the area of making links. This began with a review of seminal papers and books by pioneers of attachment theory. A search of relevant databases including PSYCHINFO, EMBASE and MEDLINE was then conducted, using the terms “attachment disorder”, “intergenerational transmission”, “maternal representation”, “making links”, “attachment intervention”, and derivatives thereof. The reference lists of the initial papers found were also checked to identify further articles of relevance.

### **1.1 Overview of Attachment Theory**

It was John Bowlby (1988b), the founder of attachment theory, who first noticed that human infants possess certain instinctive behaviours that serve to keep their main caregivers (usually their mother) in close proximity. These behaviours included things like smiling, gazing, crying, clinging and sucking. He also noticed that if the child were feeling anxious and distressed, this would cause an increase in attachment behaviours, such that the mother would become aware that her child required her closeness and would then try to fulfil this need. Bowlby's conclusions had been derived from work he had conducted with antisocial children during the 1940's. He found that these children had often experienced early emotional deprivation and significant periods of separation from their caregivers. When he questioned the parents, he found that disturbed parenting practices and attitudes were customary (Bowlby, 1944). Furthermore, he noted that when these children grew up, they became neglectful parents themselves. Thus, the suggestion that parenting style could be transmitted across generations was introduced.

Mary Ainsworth was responsible for developing Bowlby's ideas further during the 1960's. She coined the phrase “secure base” (Ainsworth, 1967), which describes how

a secure child will return to their caregiver when seeking comfort, but, once comforted, will go and explore their environment with feelings of safety and security. Ainsworth was also responsible for developing the “Strange Situation” (SS) experiment, (Ainsworth, Blehar, Waters, and Wall, 1978; Ainsworth and Wittig, 1969) which allows researchers to classify infant-parent attachment styles. This procedure involves observing how the child responds to separation and reunion with their attachment figure. The child is classified as being securely attached if signs of distress are shown when the caregiver leaves, but upon her return, they can be easily comforted and returned to exploratory play. This is described by van Ijzendoorn as the secure infant being able to “strike a balance between attachment and exploratory behaviour” (van Ijzendoorn, 1995). The Strange Situation procedure enabled Ainsworth to discover and classify two insecure attachment patterns. Infants with an “ambivalent” attachment style showed extreme distress when separated from their attachment figure, yet upon reunion, they could not be comforted. Infants with an “avoidant” attachment style, however, did not exhibit distress upon separation and continued to engage in exploratory behaviour. When their attachment figure returned, they showed a lack of interest in her (Ainsworth and Wittig, 1969). Ainsworth followed up this procedure with a number of home visits and found consistent differences in parenting style. For example, mothers who responded quickly and consistently to their child’s needs were more likely to have securely attached children. Mothers who responded inconsistently, however, were more likely to have ambivalently attached children and mothers who were rejecting, avoidantly attached children. It therefore became apparent that the various infants’ behaviour could be described as an adaptive response that increased the likelihood their caregiver would respond to them when needed.

However, during the 1970’s Mary Main concluded that, as several infants could not be classified into the above attachment styles due to how disorganised their attachment responses were, a fourth attachment style, termed “disorganised/disorientated” attachment might exist. These children had no obvious strategy of responding to their caregiver, and demonstrated unusual behaviours such as confusion, disorientation and freeze responses (Main and Weston, 1982). Many of



the infants in this category were subsequently found to have histories of abuse and had caregivers who had experienced unresolved loss and trauma (Main and Solomon, 1990). Main's studies also led to insights regarding the infant's "internal working model" (Main, 1981). This describes the child's internalisation of their attachment figure, and can be described as the belief system they have about themselves, their caregivers and the world around them (Bowlby, 1982). For example, a child with loving and consistent caregivers is likely to have an internal working model that is optimistic and hopeful. They are likely to appraise themselves and others positively, and hold beliefs that the world is a safe place and life is worth living. If the child experiences unpredictable, inconsistent or neglectful care, however, their internal working model is likely to incorporate a negative evaluation of self, expectations that others will be insensitive and untrustworthy, and a belief that the world is an unsafe place. Main's research demonstrated that, not only did the internal working model have implications for a child's emotions and behaviour, it also affected language and memory. Further still, researchers now believe the internal working model to influence perception, cognition and motivation (Sroufe and Fleeson, 1986).

Main was also partly responsible for the development of the "Adult Attachment Interview" (AAI) (George, Kaplan and Main, 1985). This is a semi-structured interview designed to measure adults' representation or state of mind in regard to their attachment experiences. The interviewee is invited to describe early relationships with parental figures, and to substantiate these descriptions with specific childhood memories. They are asked about how these relationships have changed over time and how they have contributed to their current personality and parenting style. The interview is not designed to identify an individual's childhood attachment status, however, but instead to describe their current representation of their attachment figures. The AAI is considered a valuable tool used extensively in studies that examine the intergenerational transmission of attachment, which will now be discussed in more detail.



## 1.2 Intergenerational Transmission of Attachment Style

Much research in the area of attachment has focused on how attachment styles are transmitted from generation to generation. This describes how a caregiver with an insecure attachment to their own parent, is in turn, likely to have a child that is insecurely attached to them. When the child grows up and becomes a parent themselves, evidence suggests that they too are likely to have insecure attachment relationships with their offspring (Levy and Orlans, 1998).

The intergenerational transmission of attachment style has, in most cases, been demonstrated through the use of the AAI and the Strange Situation. For instance, Main and Hesse (1989) found that mothers' AAI classification and their children's behaviour in the SS corresponded in 75% of cases. In addition, Ainsworth and Eichberg (1991) conducted a similar study and found an 80% match between cases (which increased to 90% when the disorganised category was removed). One meta-analysis of note conducted by van Ijzendoorn (1995), included 661 parent-infant dyads from 18 possible samples. These samples incorporated a variety of participant types, including mothers and fathers of different ages and socio-economic status. Again, a 75% correspondence between the caregiver's response on the AAI, and the infant's behaviour during the SS was found. Overall, studies have shown a 66-82% correspondence between parental attachment representations and infant attachment. This is a robust finding that has been documented with prospective, retrospective and concurrent data. (Fonagy, Steele, & Steele, 1991; Grossmann, Fremmer-Bombik, Rudolph, & Grossmann, 1988; Main & Goldwyn, 1984; Main, Kaplan, & Cassidy, 1985; Zeanah, Mammen and Lieberman 1993).

Benoit and Parker (1994) decided to extend their study to three generations. They conducted an AAI with mothers-to-be and found that they could predict how their infants would eventually behave in the SS in 81% of cases, using the 3-category classification system (comprising avoidant-dismissing, autonomous-secure, and preoccupied-ambivalent pairings). Using the 4-category classification system (which also included unresolved-disorganised/disorientated pairings) 68% of cases could be predicted. They also found, however, that they could predict grandmothers' AAI

classifications on 75% (3-category) and 49% (4-category) of occasions. It would therefore appear that there is substantial evidence to support the finding that attachment can be transmitted across generations.

### **1.2.1 Proposed Mechanisms of Intergenerational Transmission**

An important question then, is how parents transmit their representation of their attachment experiences to their children. Researchers have proposed various mechanisms of transmission. This section will outline some of their ideas, which will be followed by a discussion of the implications of these ideas in terms of intervention in the next section.

#### **1.2.1.1 Reciprocity**

There are several ways in which the interactions between mother and infant have a lasting effect. Research has demonstrated that the numerous exchanges between parents and infants come to build “reciprocity” and that this influences the way the baby conceives of self and others. For example, Brazelton, Bertrand and Cramer (1990) suggest that much can be learned from “still-face” experiments. Here, the mother and infant initially play together and then the baby is placed in an infant’s chair whilst the mother withdraws briefly. When she returns she is instructed to present a still face to her baby for 3 minutes. Studies have shown that in this situation infants initially become despairing and then completely withdrawn, and it is believed that this is due to their expectations being violated. The infant is very much dependent on the mother responding to them in predictable ways, and when this does not occur, it can have significant implications. The still-face experiments have been linked to the way that a depressed mother interacts with her child. Gous (2004) describes this interaction as the mother being “physically present but emotionally absent”: the depressed mother typically having an expressionless face with little or no eye contact with her child. Once in a while, however, the mother’s normal interaction might resume when she is having a “good day”. This has the effect of re-establishing the infant’s expectancy, meaning that when their mother subsequently withdraws, their

expectations are once again, violated. The infant is left feeling hopeless and exhibits symptoms of:

“...gaze avoidance (because it’s painful to allow the expectancy to form again) of gastrointestinal hypermotility (under stress), of autonomic fragility (from the anxiety generated), of inability or unwillingness to interact socially with an eliciting adult.” (Brazelton et al, 1990)

It is thought that such a lack of reciprocity has implications for the baby’s representations. One suggestion is the baby becoming independent as a “false defence” (Emanuel, 2002). Such representations have been shown to have lasting effects in terms of children developing insecure attachments and later psychopathology.

Trevarthen’s ideas about intersubjectivity (1977) can be used to demonstrate another way in which reciprocity in the infant-parent relationship influences the infant’s representations. Trevarthen believes that infants have an “innate capacity” for social engagement, and that from birth they are able to participate in collaborative and complementary relationships. However, they also require their caregiver to provide them with the social experiences to enable them to develop normally. It is thought that through engaging in these social and emotional relationships, the infant develops their mind, thought and language. For example, the mother and infant generally communicate in a closely co-ordinated, rhythmical way, responding to each other’s initiatives (such as the infant’s early vocalisations of excitement and delight) in a unique manner. Trevarthen describes this exchange in terms of “mutual intentionality and sharing of mental state”. As it is primarily through this exchange that the infant learns to think and share mental states, it is reasonable to suggest that it would have an important influence on how they come to perceive themselves, others and the world around them.

### **1.2.1.2 Sensitive Responsiveness**

It has long been thought that “sensitive responsiveness” plays an important role in the transmission of attachment. This has been defined as:

“...the degree of sensitivity and responsiveness with which parents react to infant attachment signals.” (van Ijzendoorn, 1995)

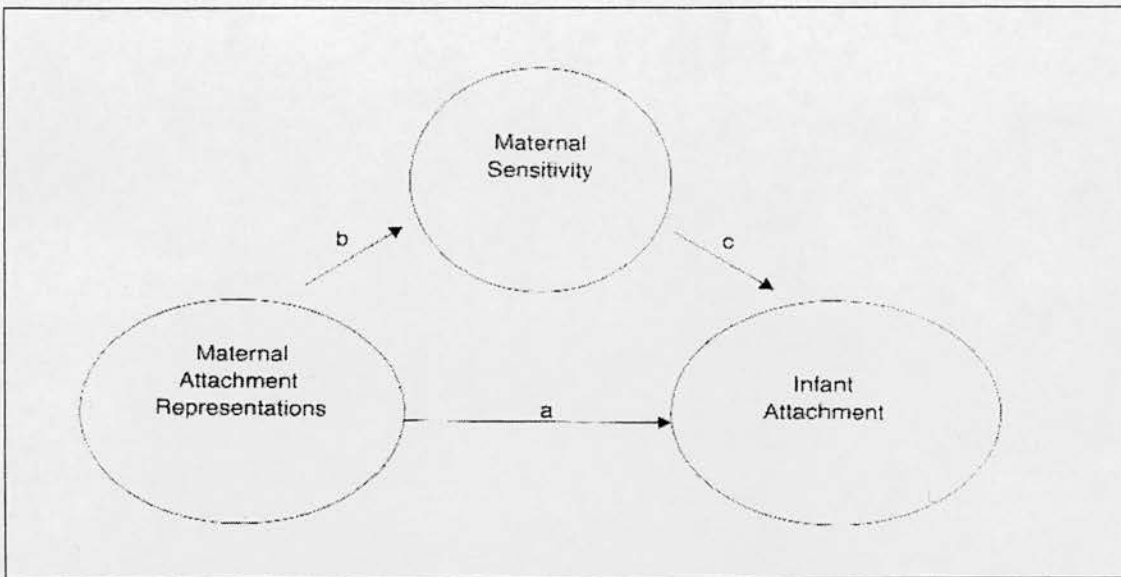
Both experimental (van Ijzendoorn, Juffer and Duyvesteyn, 1995) and correlational studies (Ainsworth et al, 1978; Isabella, 1993; Smith and Pederson, 1988) have demonstrated the importance of this construct in the development of attachment relationships. It is hypothesised that the degree of sensitive responsiveness that parents are able to demonstrate towards their child is directly related to their own attachment representations. For example, Benoit and Parker have stated that:

“...what may be transmitted across generations may be a state of mind, which is communicated to the child via parental behaviour, especially parental response at times of stress (when the attachment system is activated).” (Benoit and Parker, 1994, p1455)

This means that parents express their attachment representations through their level of responsiveness towards their child. Main, Kaplan and Cassidy (1985) have supported this association, as they found evidence that insecure attachment representations were linked to insensitive caregiving responses to infant signals, which, in turn, were linked to insecure attachment relationships. In addition, van Ijzendoorn noted a similar pattern with secure attachment representations:

“Autonomous parents appear to perceive their children’s attachment signals more accurately, and they are more able and willing to react promptly and adequately than are insecure parents.” (van Ijzendoorn, 1995, p398)

The relationships between these different concepts can be depicted as shown in Figure (1) entitled the “Intergenerational Transmission Model”.



**Figure (1)** Intergenerational Transmission Model (Cassidy, Woodhouse, Cooper, Hoffman, Powell and Rodenberg, in Berlin, Ziv and Greenberg, 2005).

Evidence has been found that supports the existence of paths a, b and c (figure 1). As already noted, van Ijzendoorn (1995) demonstrated a link between maternal attachment representations and infant attachment (path a) in a meta-analysis involving 661 parent-infant pairs. He also demonstrated, in the same analysis, a strong link between maternal attachment representations and maternal sensitivity (path b) using data from 389 dyads (van Ijzendoorn, 1995). Furthermore, evidence regarding the hypothesised link between maternal sensitivity and infant attachment (path c) has been established by De Wolff and van Ijzendoorn (1997) who conducted a meta-analysis with 4000 parent-infant dyads.

Although evidence has been found for each separate link, however, van Ijzendoorn (1995) found that maternal sensitivity could only account for a small amount of the association between maternal attachment representation and infant attachment. It would seem, therefore, that maternal sensitivity is not the only mechanism linking the two, a disparity that is referred to by van Ijzendoorn (1995) as the “transmission gap”. This has been an important phenomenon in regard to learning about how attachment is transmitted across generations and therefore how best to intervene when there are problems.

Cassidy et al found evidence for the transmission gap in their study involving 18 parent-infant pairs. They classified 15 mothers as behaving insensitively toward their child. Despite receiving this type of care, however, 6 of the infants were believed to be securely attached. The authors commented that:

“...we all found it difficult to imagine, how, if attachment theory’s core tenets are correct, the mother of a securely attached baby could behave in such insensitive ways.” (Cassidy et al, 2005, p41)

It was concluded that sensitive responsiveness could not be the only mediator between maternal attachment representation and infant security.

### 1.2.1.3 Other Explanations

Some researchers have attempted to account for the transmission gap by suggesting that the genetic transmission of temperamental characteristics such as irritability play a role (e.g. Plomin, DeFries and McLearn, 1990). This suggestion would indicate that parents have a less direct role in infant attachment security, by simply passing on their genes. Others, however, have looked at different aspects of parental behaviour that may be of relevance. For instance, Main and Hesse studied mothers with an unresolved attachment status, and found that almost all had infants with a disorganised/disoriented attachment style. They hypothesised that frightened or frightening behaviour on behalf of the caregiver could be responsible and explained how this could occur:

“..a parent suffering from unresolved mourning may still be frightened by her loss experiences. As a result, she may display an anxiety that could in turn be frightening to her infant.” (Main and Hesse, 1990, p174)

Main and Hesse described other ways in which such behaviour could lead to disorganised attachment. They suggested, for example, that the parent might subconsciously confuse the child with the attachment figure who caused their own distress. They may then inadvertently respond to the child as though they were a source of fear. Main and Hesse highlighted another potential problem of a “natural tendency toward flight in individuals experiencing fear” (p178). This means that the



fearful caregiver may either demonstrate to the infant that they wish to leave the situation, or they may even indicate a desire to use the infant as a safe haven. The authors concluded that both behaviours would inevitably cause the infant to feel alarmed, thus contributing to a disorganised attachment.

Cassidy et al also deemed frightening behaviour to be relevant, and considered that its presence, along with “extremely cold and hostile behaviour, or consistent interference with the infants attempt to self-soothe”, (Cassidy et al, 2005 p41) prevented the infant’s ability to become securely attached. In their study, called the “First Year Project” (as it is still ongoing) none of the infants whose mothers exhibited these behaviours were securely attached. They hypothesised that the link between maternal representations and infant security might involve what Ainsworth referred to as “the attachment-exploration balance” (Ainsworth, Bell and Stayton, 1971, in Cassidy et al 2005). This describes the behaviours a child needs to demonstrate in order to achieve a secure attachment. To begin with, the infant needs to feel confident that they can return to their caregiver when feeling vulnerable or distressed, and that the caregiver will respond in appropriate ways to restore a sense of comfort and safety. This is the “attachment” aspect of the attachment-exploration balance. Afterwards, when the infant has been successfully comforted, they then need to be able to explore. To do this successfully, however, the infant needs to know that the mother encourages this behaviour, and that it does not make her feel anxious (the “exploration” aspect of the attachment-exploration balance). Cassidy et al considered that when a mother is “comfortable enough” with her child’s attachment and exploratory behaviour, and is willing to support it, then she is serving successfully as a secure base.

Cassidy et al’s conclusions about the attachment-exploration balance were arrived at following an observation that a number of mothers classified as insensitive had babies that were, nonetheless, securely attached to them. The authors went on to discover an important difference between the behaviour of these mothers and insensitive mothers with insecurely attached children. It was found that the former, despite initial insensitive behaviour, would always meet the child’s attachment needs eventually. So, the infant’s plea to be comforted would, initially, be ignored but in the end the mother

would relent and provide what the infant needed. This means that, as long as none of the behaviours mentioned earlier, such as frightening and hostile behaviour, were present then the infant could cope with insensitive responses, as long as their attachment needs were met in the end.

Similarly, in terms of the child's exploration needs, the researchers hypothesised that infants can cope with the mother intruding into their play, as long as it is not intended to trigger their attachment system. Cassidy et al gave the example of a mother terminating exploration by looking at her child with a concerned expression, indicating she believes them to be in danger, despite their appearing fine and playing contentedly.

#### **1.2.1.4 The Distinction Between Sensitive Responsiveness and Secure-Base Provision**

Cassidy et al believed that the observations they made during the First Year Project could account for sensitive responsiveness not correlating more strongly with infant attachment (or, what is otherwise known as the "transmission gap", van Ijzendoorn, 1995). It seemed that the answer might derive from the ability of the caregiver to provide a secure base. This was a logical conclusion given that, compared to sensitivity, secure base provision was highly correlated with attachment security (Cassidy et al, 2005).

Secure base provision and sensitive behaviour are clearly linked. After all, in order to provide a secure base and meet the infant's attachment and exploratory needs, the mother needs to be "tuned in" to how those needs are signalled. Yet in what ways do they differ? Cassidy et al have described the distinction. They suggest that it is possible to train a caregiver to demonstrate more sensitivity, by for example, encouraging them to cuddle the child when they are feeling vulnerable and upset. Despite this, however, the child may continue to remain insecurely attached. Cassidy et al believed instead that:

"... if the mother's prior reluctance to pick up the baby reflects a fundamental desire to limit activation of the baby's attachment system, she will find other ways to limit such activation." (Cassidy et al, 2005, p49)



Therefore, the mother will, perhaps subconsciously, continue to behave in ways that signal to the infant she cannot be used as a secure base. For instance, she may pick up and cuddle her crying child, but then put them down again before they have been comforted successfully. Cassidy et al believe that the reasons for this reluctance to provide a secure base are likely to stem from the mother's representation of her past experiences.

### 1.2.2 Implications for Intervention

It would seem that each factor thought to be involved in the transmission of attachment style (such as sensitive responsiveness, frightened/frightening behaviour and secure base provision) indicates that exploring the caregiver's attachment representations should be an important component of intervention.

As noted previously, Trevarthen (1977) has described how the infant-parent exchange leads to the sharing of mental states, which has obvious implications for the infant's representations. Main, Kaplan and Cassidy (1985) have stated that parents' level of sensitive responsiveness is directed by their attachment representations. Moreover, Main and Hesse, (1990) have attributed frightening/frightened behaviour to unresolved mourning of an attachment figure. Cassidy et al's (2005) findings have indicated that intervention for infant attachment insecurity should involve encouraging the mother to become a secure base for her child. One important aspect of this is helping her to examine the reasons why she feels discomfort at meeting her child's attachment needs which, again, is facilitated through exploration of her attachment experiences.

In light of maternal behaviour being shaped by a number of different factors, including systemic influences (such as level of social support and poverty), and cultural values (Pryce, 1995), it is possible that the above is an oversimplification of how attachment is transmitted. However, exploration of the past has the potential for significantly improving parent-infant relationships, and is feasible within therapy. This is evidenced by the number of interventions (see section 1.4) that are based on making links. Yet, in what ways do parents benefit from engaging in this process?

## 1.3 Making Links

### 1.3.1 Why is Making Links important?

Freud, the founder of psychoanalytic psychotherapy, wrote that:

“A thing which has not been understood inevitably reappears; like an unlaidd ghost, it cannot rest until the mystery has been resolved and the spell broken.”  
(Freud, 1909, quoted in Bowlby, 1988)

Further, Lieberman and Zeanah have noted how clients in individual psychotherapy can conquer immense psychological problems through being encouraged to:

“reconnect emotionally and come to grips with the pain, fear, anger, and helplessness evoked by childhood circumstances and key childhood events.”  
(Lieberman and Zeanah, 1999, p556)

Making links to the past in order to make sense of current behaviour is, therefore, an important theme in many therapeutic contexts.

In regard to attachment work, the process of making links is deemed useful because it can allow the mother to reflect on the past and understand its influence on her current parenting style. Mothers of insecurely attached children, particularly disorganised children, often describe themselves as ineffective and helpless to protect their children adequately (George and Solomon, 1999). It is thought that, by enabling the mother to make sense of herself, she will gain a coherence that will make her circumstances seem less frightening and out of control. The making sense process may also enable her to understand that her parenting derives from somewhere, and is essentially her way of adapting to an otherwise impossible situation. This can be important in terms of building her confidence in her parenting skills. Cassidy et al suggest that this directly influences parenting, in that “...such a process links the mother’s feelings to her behaviour, in the context of the baby’s needs.” (Cassidy et al, 2005, p53). Furthermore, it is possible that, through being given the opportunity to explore painful childhood experiences in a supportive, empathic environment, parents may be

encouraged to feel empathy for their own children (Lieberman and Pawl, 1993; Fraiberg, Adelson and Shapiro, 1975).

Cooper, Hoffman, Powell, & Marvin have emphasised the importance of “reflective functioning”, which they define as “the psychological capacity for understanding one’s own mental states, thoughts, feelings and intentions as well as those of the other” (Cooper et al, 2005, p137), which is often derived from talking about the past. They believe that by discussing past experiences, the parent’s implicit memories of childhood can be transformed into explicit memories. This means that the very act of reflecting on and speaking about a frightening event, for example, should make the event less frightening. The parent’s altered state of mind about their childhood should then translate to a change in their current behaviour, leading ultimately to their children feeling more secure. Research has substantiated the importance of reflective functioning. Fonagy, Steele, Steele, Higgitt, and Target (1994), for instance, found that the distinction between adults from impoverished backgrounds classified as autonomous and those classified otherwise, was that the former had high reflective functioning. Cooper et al have concluded that low reflective functioning means that parents are likely to “...pass on the disorganising ghosts from the past to their own children” (Cooper et al, 2005, p137). Their protocol (called the Circle of Security) places a primary emphasis on reflective functioning, and will be discussed later.

### **1.3.2 Limitations of Making Links**

Attachment researchers have acknowledged that there can be limitations of making links between the past and the present. Lieberman and Zeanah, for example, have suggested that barriers to gaining benefit from this process include lacking the ability to express oneself through language, not being “psychologically minded” and having psychological functioning that is “too fragile or constricted to tolerate delving into painful early memories” (Lieberman and Zeanah, 1999, p556). Other clients for whom this is inappropriate include ambivalent parents reluctant to speak about their past who regard attempts at encouraging them to do so as tactless and insensitive, and parents who deny that they experience discomfort with providing a secure base (Cassidy et al, 2005). Moreover, Cassidy et al add the caveat that if exploration of the mother’s previous traumas is so intense that it activates her own attachment system, it

could result in her feeling even less comfortable with her child's attachment/exploration needs.

It has also been suggested that understanding the links between the past and the present may allow new perspectives to be forged, but this may not necessarily translate to a change in behaviour. In such circumstances further work may still be required to improve the parent's capacity to serve as a secure base (Lieberman and Zeanah, 1999).

Overall then, the evidence suggests that people differ in their experience of making links, and some are more receptive to this process than others. Researchers have experienced enough success with this process, however, to incorporate it into a number of attachment interventions, some of which are described below.

#### **1.4 Attachment Interventions**

Attachment interventions can be divided into preventive and therapeutic interventions (van Ijzendoorn, Juffer & Duyvesteyn, 1995). Preventive therapies incorporate, amongst other things, psycho-education, modelling and feedback in an attempt to promote maternal sensitivity. Therapeutic approaches, in contrast, begin with parents exploring and re-experiencing their childhood experiences. Many consider therapeutic interventions to be of more value in the long term as, by incorporating the mother's representation of attachment, therapists are more likely to get at the heart of the problem (van Ijzendoorn et al, 1995). This means that the next generation could potentially be spared from experiencing disordered attachment. It is therapeutic interventions that are of interest to the researcher.

##### **1.4.1 Infant-Parent Psychotherapy**

The intervention most associated with making links between past and present is almost certainly infant-parent psychotherapy. Lieberman and Zeanah (1999) have suggested that attachment theory and infant-parent psychotherapy have "shared origins", particularly in terms of the concept of the internal working model. They discuss how Fraiberg's (1980) psychoanalytic model would have proposed that:

“...unresolved parental conflicts are reenacted in relation to the baby- in other words, that unconscious impulses are displaced or projected from their original objects to the current transference object represented by the infant.” (Lieberman and Zeanah, 1999, p558)

Lieberman and Zeanah believe, however, that in attachment theory terms, early experiences become internalised and then go on to function as the “structural framework” which determines how emotional events will be encoded and understood. The authors suggest that, although these are different ways of understanding the process of the transmission of attachment, they are indeed complementary. Both models also consider the relationship between parent and therapist to be highly significant. Infant-parent psychotherapy regards the therapist as a transference object for the parent (as it does with the infant), whereas attachment theory regards the parent’s perception of the therapist as, again, being derived from their internal working model. The authors go on to suggest that attachment theory has obvious psychoanalytic foundations and that even Bowlby himself regarded his theory to be “the attachment version of psychoanalysis” (Bowlby, personal communication, 1989, in Lieberman and Zeanah, 1999, p560). The clinical application of attachment theory is more limited than infant-parent psychotherapy, however, which is thought to be largely due to early psychoanalysts’ disapproval of attachment theory, based on their notion that it departed too significantly from the core tenets of psychoanalytic theory (Lieberman and Zeanah, 1999). Nowadays attachment is frequently incorporated into the theoretical framework of infant-parent psychotherapy, but it has been argued that its clinical contribution is more limited (e.g. Lieberman, Weston and Pawl, 1991).

Many Infant-parent psychotherapy programs are now in existence, and these often focus on the exploration of caregivers’ attachment histories in order to “free them... from old ‘ghosts’ that have invaded the nursery” (Fraiberg, 1980, p61). At the same time, the current interactions between parents and their children (usually below the age of three) are analysed. Often, the way that this is done is through the use of video (Lieberman, Weston and Pawl, 1991), which helps the therapist to assess, amongst other things, maternal empathy and responsiveness, the quality of communication and the child’s “socio-emotional functioning”. Video is an important tool for the therapist



as it enables the parent, in real-time, to make the connections between their attachment representations (what they have discussed with the therapist) and their behaviour (what they see on the television screen).

Research into infant-parent psychotherapy has demonstrated it to be an effective treatment. Lieberman, Weston and Pawl (1991), for example, demonstrated that a group of Latino mother-infant dyads were able to achieve significant improvements in maternal empathy and in a variety of infant responses including reduced resistance, avoidance and anger. They also found, however, that changes in behaviour did not necessarily translate to more attachment security, as measured by the Q-Sort (Waters and Deane, 1985). One way in which the authors attempted to account for this finding, was through the notion of a “sleeper effect” (van Ijzendoorn, Juffer & Duyvesteyn, 1995). They speculated that changes at the behavioural level could be made relatively quickly, but that a certain amount of time was necessary before this could be accompanied by changes at the representational level. Egeland and Erikson (1993) reported similar findings from the STEEP (Steps Toward Effective Enjoyable parenting) project. This is an intervention aimed at high-risk mothers (who are experiencing poverty and social isolation), which aims to modify attachment representations. Mothers in the intervention group were found to score more highly on measures of responsiveness and general competence at managing life stressors. Again, infant security was found to be largely unaffected, so the authors concluded that this approach might take more time to “trickle through” to the representational level. Unfortunately neither study followed up their sample so that the sleeper effect could be further investigated. Other case studies have, however, demonstrated a change in maternal attachment representations and infant attachment security following intervention (e.g. Leifer, Wax, Leventhal-Belfer, Fouchia and Morrison, 1989).

#### **1.4.2 Circle of Security**

The Circle of Security (COS) is a 20-week group intervention based on both attachment theory and object relations theory (Cooper, et al 2005). Its main focus is on improving relationships between parents and their children, by enabling the parent

to function effectively as a secure base (see Cassidy et al, 2005). Video is used to help the mother identify what her particular barriers are to meeting her child's needs. This is known as the "key defensive strategy" or "linchpin" that derives from her (and her child's) internal working model (Main, 1981). For example, a dismissing mother's key defensive strategy might be maintaining an emotional distance with her child because being emotionally intimate feels uncomfortable for her. She may then unconsciously communicate to her child the message: "don't need me" (Cassidy et al, 2005). It is hypothesised that intergenerational transmission of these patterns occurs when the child (aware of the mother's discomfort) starts to miscue her about their needs. So the child with the dismissing mother, although feeling anxious, will engage in exploratory play. A mother who struggles to provide the "safe haven" her child needs when feeling threatened, is considered less comfortable on the bottom half of the COS (see Figure 2). A mother less comfortable on the upper half, in contrast, will struggle to provide the "secure base" her child needs, by wanting to keep them close when they need to explore.

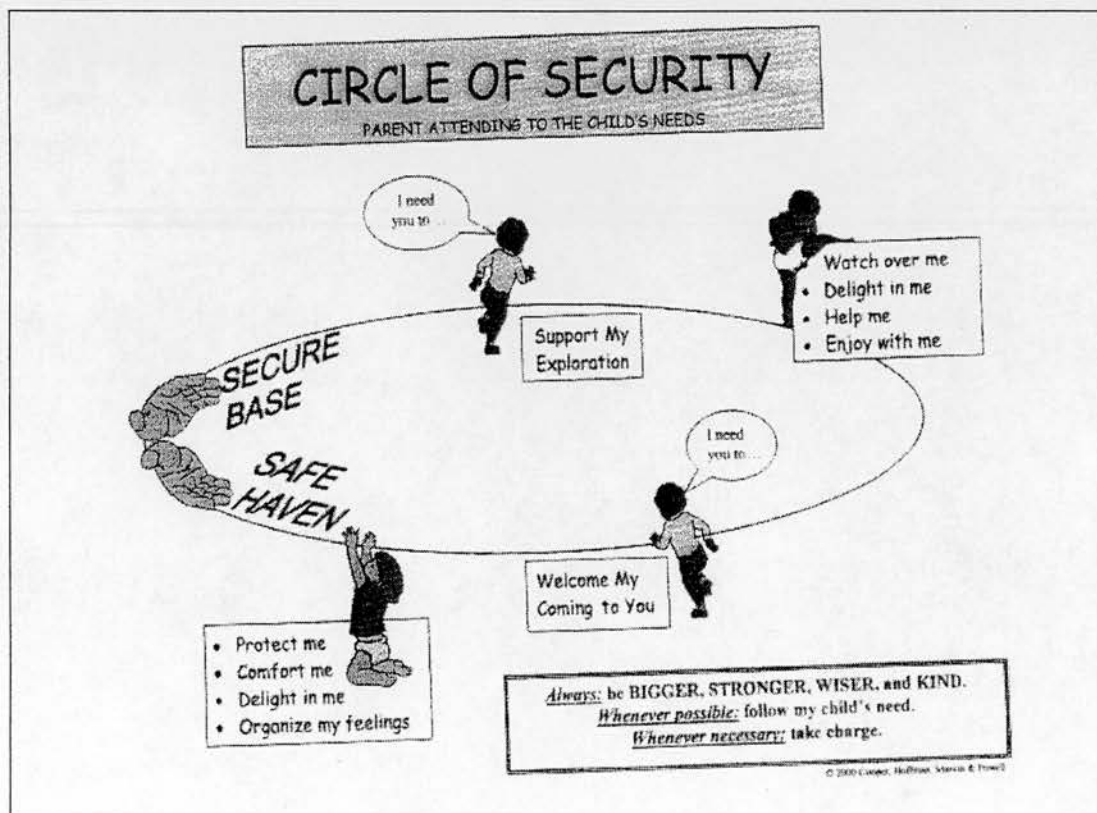


Figure (2) Circle of Security. From Cooper et al (2005)

Throughout the group, the parents learn about what their under-developed “relationship capacities” are, and from where they originate. They are also encouraged to engage in “reflective dialogue” (Siegel, 1999) with the therapist, which will often trigger memories from their own childhood. These memories can elicit distressing feelings, which the parents learn to reflect on and link to their current parenting. It is hoped that the emotional containment provided by the therapist will enable these feelings to become less distressing for the parents, such that they cease being obstacles to them adequately meeting their children’s needs.

The parents’ relationship with the therapist is considered important in this intervention as it is thought that once the parents are functioning within a secure base relationship, they have a better chance of creating this with their child. The parents are considered to have their own attachment and exploration needs, and so it is possible that the prospect of exploring difficult memories will trigger their attachment system, and make them feel defensive. An important aspect of the therapist’s role, therefore, is to become a “safe haven” for the parents such that they can feel reassured and go back to exploration.

In terms of research, Marvin, Cooper, Hoffman and Powell (2002) analysed 75 infant-parent dyads who had received the COS intervention and found a decrease from 55% to 20% in disordered child attachment patterns. Moreover, they found that caregiver disordered attachment had reduced from 60% to 15%. The authors have stated that adaptations of the protocol are currently being tested by other researchers across the United States.

### **1.4.3 Mellow Parenting**

Mellow parenting is a 4-month treatment package that incorporates psychotherapy (Puckering, Rogers, Mills, Cox and Mattsson-Graff, 1994). It is described as:



“...a group intervention... combining approaches to the emotional well-being of the mothers of children under 5 and direct intervention in their parenting.” (Puckering, Evans, Maddox, Mills, & Cox, 1996, p540)

This intervention is explicit in its rejection of the “expert model”, in that mothers in the group are not taught how to “fix” their children. Instead they are asked to define their own goals and generate their own solutions to problems, with the support of the group. Worksheets are provided each week that raise different parenting issues (including, amongst other things, autonomy, warmth and emotional containment) which the mothers reflect upon and discuss. Furthermore, the mothers, when ready, are encouraged to share good and bad video clips of themselves interacting with their children in order to facilitate group discussion. The therapists encourage the mothers to make links between their own experiences, and the way in which they currently feel and behave as parents. One important aspect of this process is facilitating them to “enter their child’s world” (Puckering et al 1996), for this enables them to begin to empathise with their children. It is thought that many of the mothers ordinarily shut themselves off from being a child again, due to their own difficult childhood experiences. Spending lunchtime (between the morning and afternoon sessions) with their children engaging in “messy play” is considered another way for the mothers to engage in this process. Puckering et al (1996) describe how the use of video enabled one mother to revisit her childhood, and in doing so, to understand herself better:

“... another mother who had been unable to tolerate any closeness to her daughter, when she saw this on videotape, began to recount how this daughter represented in her mind herself as a child and brought flooding back unmanageable memories of sexual abuse.” (Puckering et al, 1996, p541)

Puckering et al (1994) were able to demonstrate the effectiveness of Mellow parenting in their study, which involved 21 mothers with “severe parenting difficulties”. At the beginning of the study, twelve of the mothers’ children were on the Child Protection Register. At the end of the intervention, 10 of the children had had their names removed, and video footage demonstrated that parent-child interactions had improved considerably.

## 1.5 Rationale for the study

### 1.5.1 The Making Links Project

Historically, parents and children with attachment problems referred to clinical psychology services in Fife would be seen on a 1:1 basis by the area psychologist. These families weighed heavily on the psychologists' already stretched clinical caseloads, however, being difficult to engage and requiring intensive input. Clinicians thought that the intervention these families were being offered was inadequate to meet their needs, and that a more specialist service was required. A new service was therefore developed to overcome these problems. Research (e.g. Cassidy et al, 2005) and clinical experience highlighted the importance of facilitating parents to make links between their childhood experiences and current parenting, so it was decided that this should form a core component of the service.

Thus, parents being seen by a clinical psychologist, who express a desire to work on their relationship with their child, can now be referred to the Making Links Project. There are no other formal referral criteria, and the children involved can be of any age, as the salient issues in parent-child relationships are deemed to be broadly similar regardless of whether the child is an infant or adolescent. Initially the parents are sent an introductory leaflet about the project, detailing the different services that are offered. They are then visited at home and assessed for suitability. The different services that are offered are explained to them and, if willing to participate, they are invited to choose the intervention that they find most suitable.

#### 1.5.1.1 The Making Links Interview

The Making Links Interview incorporates some questions from the Adult Attachment Interview (Main Kaplan and Cassidy, 1985), although it is less structured and is not used to classify attachment styles. During the interview parents are asked about their relationship with their parents, their childhood experiences and about how they believe these experiences have affected their adult personality and behaviour, as well as their current relationship with their child. The interview usually takes place in the

family home, and takes approximately one hour to complete. The interview is audio taped so that it can be analysed afterwards, and so that the parent is not distracted by the clinician taking notes. The information is then erased in order to maintain client confidentiality.

The purpose of the Making Links Interview is facilitating the parents to engage in a reflective process about their past, and to orientate them to the nature of the intervention. The interview is thought to root the video work in a historical context such that the parents, either consciously or subconsciously, keep their childhood experiences in mind as they watch themselves on video during the next intervention phase.

#### **1.5.1.2 Video Interaction Guidance (VIG)**

VIG (Simpson, 2001) is a model for improving communication. It is based on the idea that the key to change is to build on positive interactions between people (see Appendix I for further information).

VIG involves videoing the parent and child engaging in an activity together, such as reading a book or playing a board game, for approximately 10 minutes. The video is then analysed by the VIG “guider” who selects clips that are believed to demonstrate good communication, collaboration and attunement. At the next session (called the feedback session), the parent and the VIG guider go through the video clips together and discover what works in the parent-child relationship. This sequence is then repeated over a number of sessions. It is hoped that, over time, the parent will develop an awareness of what works, and change their behaviour accordingly. It is also anticipated that seeing themselves on video will enable the parents to stand back and view themselves objectively, and perhaps see things in themselves and in their relationship with their child, that begin to make sense in the context of past experiences.

At the end of the work the videos are returned to the parents in edited form, containing all the positive clips that have been identified, so they can be viewed again at a later stage.

### **1.5.1.3 Exploratory Work**

Parents who do not wish to engage in VIG are offered 1:1 work with a therapist. This generally involves further exploration of their past with a view to gaining more insight into how these experiences link with the present. The goal, therefore, is to understand and change attitudes, behaviours and patterns of relating that are barriers to achieving the kind of relationships that parents want.

### **1.5.2 Why Study Making Links?**

Enabling parents to make a connection between past and current experiences is an important component of many well-established therapeutic interventions, and also the Making Links Project, the new clinical psychology led attachment intervention in Fife. Yet, despite it being acknowledged as an important focus for intervention, the process of making links has not been well researched. Various authors have suggested reasons why creating linkage might be helpful, including enabling parents to make sense of themselves and their parenting style (Cassidy et al, 2005) and helping them to feel empathy for their child (e.g. Lieberman and Pawl, 1993). These suggestions, although intuitively appealing, have not been studied in any greater depth. Research has been conducted on the effectiveness of therapeutic interventions, many of which have successfully demonstrated changes in maternal attachment representations. Fewer have been able to show that this leads to improvements in child attachment security, although this has been established by research on the COS intervention (Marvin, Cooper, Hoffman and Powell, 2002) and by infant-parent psychotherapy case studies (e.g. Leifer, Wax, Leventhal-Belfer, Fouchia and Morrison, 1989). Many of these are multi-component interventions, however, and so it is difficult to pinpoint the parts that have led to change. Making conclusions about the real purpose of the making links process is therefore problematic.

### 1.5.3 Service User Views

In terms of making links, parents' views about how they experience this process have largely been absent from the literature. This is, perhaps, surprising as such in-depth self-exploration is a difficult task for many parents, especially those who have had difficult childhoods themselves, and requires a high level of emotional investment. Clients who attend adult mental health services may expect to engage in a level of self-exploration as part of their treatment, but the same cannot be said for parents who have children that have been referred to services, often due to behavioural problems. Being offered in-depth intervention themselves may seem quite a confusing prospect. It has also been acknowledged in the literature (as mentioned previously) that many parents do not benefit from this self-reflective process and view it as intrusive (Cassidy et al, 2005). It would therefore appear that gaining an understanding of the parents' perspective of this process would be a useful area of study.

Service user involvement in the provision of services in general, is a current issue. It is frequently emphasised in governmental legislation, and as such is considered something that should be prioritised by mental health services (Soffe, 2004). There is evidence to suggest that clinical psychology is beginning to take service user views into account, and reflect on the best ways to work with those who make use of services. One example of this is the report "Recent Advances in Understanding Mental Illness and Psychotic Experiences" by the Division of Clinical Psychology (DCP, 2000). Making use of the views of service users is important for a number of reasons. Such an approach recognises, for example, that service users have an active role in the services they receive and are not just passive recipients. The clinical psychologist may be the expert in terms of the knowledge and application of psychological techniques, but the service user is the expert in regard to their own life experiences, including being involved in the mental health system (May, 2001). Hearing consumer views can also inform services how best to engage these families who, due to factors such as social deprivation and lack of education, are often underserved by mental health services (Snell-Johns, Mendez and Smith, 2004). It is possible, for instance, that there is an aspect of parents' experiences, previously overlooked, which has impacted significantly on what they are able to gain from the making links process. Consistently seeking out their perspectives is thus essential for



future service development. As the Making Links Project is a new service undergoing development, gaining a better understanding of the way that parents like to work is therefore considered a primary concern.

Furthermore, as therapists have an important role in the making links process and how this is experienced by service users, it would seem pertinent to include their views in the study. This would enable exploration of their perceptions of the way that such interventions are experienced and the impact of this work on themselves. Making links is inevitably a complex process, and so having another “lens” to look through can make an important contribution to the way in which it is understood.

#### **1.5.4 Qualitative Investigation**

The Making Links Service wishes to investigate the perceptions of service users and has considered different methods of achieving this aim. In terms of the differences between quantitative and qualitative approaches, Campbell has suggested that qualitative methodology is most often used when researchers are attempting to:

“explore or describe the experience of a particular phenomenon rather than to quantify it or generalise findings to a larger population.” (Campbell, 2004, p263).

As the service is in its infancy, participating in the Making Links Project is a fairly unique experience and it is not necessary at this early stage to be able to generalise findings to a larger population. Moreover, as the process of making links is not a well-researched area it has been deemed appropriate to use a more exploratory method of analysis. A qualitative approach has therefore been favoured.

Qualitative methodology considers the learning of people's experiences to be just as valid a measure of outcome as a quantifiable measure, and in many cases of increased utility as the information provided is more comprehensive. It can, for example, inform the researcher about the wider implications of being involved in such an intervention that, ordinarily, would be overlooked by a quantitative approach.

Furthermore, interventions that contain a number of components are difficult to assess quantitatively, because, as noted previously, it is difficult to identify which processes have led to which outcomes. Quantitative approaches can evaluate overall effectiveness, but qualitative approaches are often considered more useful for addressing “how and why questions” (Casebeer and Verhoef, 1997). It would seem, therefore, that exploring the perceptions of service users has the potential to yield more detailed information about how the different service elements work together to bring about change. The small numbers of parents and children that have been involved in the service to date also lends itself well to this methodology.

It is hoped, therefore, that by investigating the service using a qualitative approach the study will discover how parents have experienced the intervention they have received, and how and why they feel it has benefited them. It will also look in more detail at their experience of linking the past with the present, and its wider implications: the impact on relationships and how the parents view themselves, for example. Investigating the perceptions of service users is considered useful not only in terms of service development but also in the wider context as it will contribute to the knowledge base regarding other interventions that seek to create linkage and more generally to the intergenerational transmission literature. Finally, it is anticipated that providing such a high level of input will empower these families who, traditionally, may have felt disempowered by mental health services.

## **1.6 Study Aims**

### **1.6.1 Primary Aims**

1. To explore how parents experience making links between their childhood experiences and their parenting style
2. To investigate parents' perceptions of the intervention they have received

### **1.6.2 Secondary Aims**

1. To explore the impact of the making links process on parent-child relationships, parenting style and children's behaviour
2. To examine the wider implications of making links including its effect on interpersonal relationships and self perception
3. To identify how parents' experience of the intervention can help inform future service development



## 2. Methodology

### 2.1 Design

A qualitative design was used for the study. As the aims were to explore parents' experiences (of the making links process and the Making Links intervention they had received) interpretative phenomenological analysis (IPA) (Smith, 1996) was chosen to analyse the data (which will be outlined in more depth in section 2.4.1). According to Smith and Osborn (2003) the "exemplary method for IPA" (p55) is the semi-structured interview, which was therefore utilised in the current study.

### 2.2 Participants

Purposive sampling was used, in that participants in the study were parents who were currently or had previously been involved in the Making Links Project. Overall, six parents participated in the study. As parents can choose to opt-in to certain aspects of this service and not others, the participants were found to have received different interventions. Three had engaged in VIG, and three the Making Links Interview and exploratory work. Three co-therapists were also interviewed who had carried out the interventions.

### 2.3 Procedure

#### 2.3.1 Recruiting Participants

During February-May 2006, six candidates who had finished or were in the final stages of their involvement with the Making Links Service were put forward as potential research participants.

Initially, participants were asked whether they would like to be involved in the research by their therapist. At this time they were given an information sheet describing the study (see Appendix II). This advised that the intervention they received would be the same regardless of whether they chose to participate in the

research and that they did not need to give a reason if they chose to opt-out at any point. The fact that the research formed part of an educational project was additionally emphasised. If agreeable, the participants were then contacted by the researcher and an appointment made for the interview. This was scheduled at least a week in advance so they had time to consider their involvement fully. In the interim the participants were sent a consent form to sign (see Appendix III), which outlined that they had read and understood the information sheet, understood that the final interview would be audio taped, given the opportunity to ask questions, and agreed that their participation was voluntary. The consent form was co-signed by the researcher at the beginning of the interview and later copied and returned to them in the post. A telephone number was also provided so that they could contact the researcher if they had any questions.

### 2.3.2 Interviewing

The participants and co-therapists were given semi-structured interviews, all of which were carried out by the researcher during March-June 2006. With this type of interview, questions are derived from an interview schedule but there is also flexibility in terms of question order, and follow-up questions and comments (Potter & Hepburn, 2005). This is in keeping with the ethos of IPA because it enables the researcher to pursue what is of interest to the study, yet also allows the respondent to introduce novel topics and therefore have input into the way the interview evolves. An interview schedule was therefore constructed (see Appendix IV) based on recommendations provided by Smith and Osborn (2003). These recommendations include asking questions in a logical order, ensuring questions are not value-laden and creating appropriate prompts. The questions were designed to cover areas of particular interest to the researcher, including:

- How the parents found the experience of receiving the Making Links intervention, what they thought they had learned and how their experience compared with their expectations

- Whether they had made links between how they were parented and their current parenting style, what these links were and how they had become apparent
- What the parents regarded as the most effective aspect of the intervention in terms of making these links, including their relationship with the therapist
- What processes seemed to be involved in making links including cognitive, emotional and behavioural processes
- What the parents regarded as the benefits and drawbacks of engaging in the making links process
- Whether they thought that making links had affected their relationship with their child/children, and whether they considered it to have affected anything else including other relationships and their self perception

Obviously, if the parents considered that they had not made any links during the course of the intervention, then certain questions would not have been applicable. It was decided that in such circumstances these questions would not be asked. However in practice, all of the participants believed that they had made links and so the standard interview schedule was utilised on every occasion.

The parents were given the option of being interviewed in their own homes or in a clinic setting. However all but one chose to be interviewed in their home environment. Reasons given for this included added convenience and comfort. The participant interviewed in the clinic setting considered her household to be too chaotic for an interview to take place without there being frequent interruptions. Once each interview had been carried out, the researcher made notes regarding her response to

the interview and her impression of how the participant had responded, along with any other observations.

A different interview schedule was constructed for the co-therapists (see Appendix V), which covered the following topics:

- A summary of their experience of working in this area
- How they thought parents experienced making links and how engaging in this process appeared to affect them
- Whether they thought that their relationship with the parent/s had impacted on the way in which they experienced the intervention
- Their understanding of the parents' overall experiences of receiving the intervention

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The co-therapists were interviewed in private clinic rooms at the staff base.

### **2.3.3 Managing Data**

The data from the interviews was audio taped using a digital recorder and then saved in confidential files on a computer laptop. The interviews were then transcribed verbatim by the researcher, aided by the use of speech recognition software (Dragon Naturally Speaking, ©2004 ScanSoft, Inc.). Personally transcribing the data not only helped to maintain participant confidentiality, but also enabled the researcher to become better acquainted with the different narratives. The way in which the interviews were transcribed was in accordance with guidelines outlined by Main (1996), which include the management of "noticeable pauses", interruptions and speech errors. Once transcribed the interviews were then re-read and any unusual

sentence forms checked against the audiotape. The finished transcriptions were then saved as rich-text documents and transferred to NVivo (©1999-2002 QSR International Pty. Ltd.), a software package designed to help organise and manipulate qualitative data.

## 2.4 Analysing Data

### 2.4.1 Method of Analysis

A qualitative approach was chosen for the study for a number of reasons. First of all, the researcher was explicitly interested in the lived experiences of the individuals that took part, and it was thought that such an approach would yield this information. Moreover, making links between childhood experience and current parenting is an inherently powerful and complicated process, which can have a profound effect on people's lives. In light of its complex and inadequately understood nature, the process appeared to lend itself well to qualitative methodology, yet until now it had not been subject to this type of study. It was hoped, therefore, that using a qualitative approach would help enrich therapists' understanding of the making links process, even if only in a small way. Indeed, the overall study of connecting past and present (a salient feature of many therapeutic approaches) has been largely neglected, and one might question if this is due to it being an experience that is hard to quantify. Smith has asserted that qualitative approaches have been largely disregarded by psychology, leading to what he believes to be an "impoverished map of psychological knowledge" (Smith, 1996, p265). Hopefully this study will contribute to redressing this balance.

IPA (Smith, 1996) is a relatively new approach to research that has emerged within psychology. It is primarily concerned with the participant's view of the world and the meanings they ascribe to different states, events and experiences. IPA is *phenomenological* (Giorgi and Giorgi, 2003) in that it acknowledges that individuals construct different realities according to their experience of the world. This means that the researcher cannot get at an objective account of an event or object, but they can find out about the way in which the event or object is perceived or experienced by individuals. The *interpretative* aspect of IPA is derived from the idea that access to

the participant's personal world can only be partial or incomplete because it is reliant on the researcher's conception of it. Therefore, a "double hermeneutic" is implicated, which is described by Smith and Osborn:

"the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world"  
(Smith and Osborn, 2003, p51)

The researcher's active role in this making sense process is thus regarded as integral as opposed to being problematic (as is the case with other quantitative approaches), and as such IPA is intimately related to the tradition of hermeneutics (Palmer, 1969). IPA is also connected to symbolic interactionism, (Denzin, 1995) a sociological perspective that emphasises the importance of interactions between people, and the way individuals construct meanings (of actions and events) through the process of interpretation.

The interpretative phenomenological approach has been said to differ from discourse analysis (DA), another qualitative method, due to its emphasis on cognitions and the beliefs the respondent holds about a particular topic. DA, in contrast, is concerned with how a particular phenomenon can be constructed through talk. IPA does, however, share similar theoretical underpinnings with grounded theory (Glaser & Strauss, 1967), a more established qualitative approach. Yet the development of these methods has been somewhat different in that grounded theory was originally designed to examine social processes, whereas IPA was developed to explore individuals' "psychological worlds" (Willig, 2001). IPA is consequently an explicitly psychological method of research, concerned with "how participants make sense of what takes place", as opposed to "what takes place".

IPA was therefore considered appropriate for the current study due to its emphasis on participants making sense of and deriving meaning from their individual experiences.

The acceptance of the key role of the researcher was also thought to be well suited to the study, as transference issues ("the displacement of feelings and attitudes applicable to other persons... onto the analyst", Reber & Reber, 2001, p761) are considered to be particularly pertinent to populations with disrupted attachment



(Frawley-O'Dea, 1997). Although the researcher was not providing therapy, it was predicted that the participants' response to being interviewed would be indicative of their attachment representations. The researcher's experience of carrying out the interviews was therefore considered an important component of the study, and a reflexive diary was kept throughout. This documented her experiences of doing the research, including the feelings aroused by different interviews and the impact of listening to emotive material. Such reflexivity would ordinarily be construed as preventing the researcher from having a neutral role, but in the current study it was regarded as a valuable aspect of the research endeavour (see Smith, 1994). The contents of the reflexive diary are discussed in section 4.3.

### **2.4.2 Analytical Process**

The process of analysis was in keeping with the underlying principles of IPA, as described by Smith (1996) and Smith and Osborn (2003). Analysis in this approach is primarily the interpretative work carried out by the researcher at different stages. An idiographic approach is used, in that the researcher attempts an analysis of the first transcript before moving onto the next, and in doing so works from the specific (the individual transcript) to the more general (categorisations and super-ordinate themes).

During analysis, the first transcript was initially re-read several times to enable familiarisation with the content. Two margins were then created either side of the text. In the left margin, the researcher tried to summarise what had been said and also noted any preliminary thoughts. This formed the first layer of analysis. Once coding in the left margin had been carried out for the whole transcript, the researcher began the second layer of analysis by going back to the beginning of the transcript and noting any themes that were starting to emerge. This layer of analysis denotes a higher level of abstraction from the first, and it was therefore important at this stage to choose terminology that was general enough to be applied across transcripts, but which was still grounded in the words the participant actually used. If a particular theme was thought to have emerged more than once in the transcript, the same "concise phrase" or title was used to describe it. Every part of the transcript was

coded, but some parts of the narrative were acknowledged to be richer than others, generating more themes.

Once themes had been generated they were written into a list, in the order in which they emerged. The researcher then attempted to look for connections between themes or ways in which they seemed to cluster together into groups. Any super-ordinate concepts to which other themes seemed to belong were also identified. Next, the list was re-written, so that it formed more of a coherent structure, with the relevant themes and super-ordinate themes clustered together. An “identifier” denoting key words from the text was then added to each theme in the new list. This ensured that the themes were still grounded in the text, and also meant that exemplars from each theme could be found easily.

When extending the analysis to other transcripts, the researcher chose to use the list of master-themes that had already been developed to help inform further analysis. Using this approach meant that the researcher needed to ensure she avoided prematurely assigning parts of the narratives to existing themes when in reality they represented new themes. Smith and Osborn describe this as “respect[ing] convergences and divergences in the data” (p73), so being mindful of both differences and similarities in the transcripts. The researcher then systematically reviewed earlier transcripts to ensure that prior instances of the new themes had not been overlooked. After a few transcripts had been analysed in this way, the researcher began to abandon themes that did not appear to be well represented in the transcripts. Once the data from the participants had been assigned to themes, the data from the co-therapists was treated the same way and then finally the two sets of themes were merged, which enabled the researcher to gain an appreciation of the experiences that were unique to individuals, subgroups and the group as a whole. Eventually, a structured, orderly table representing themes across the different narratives emerged (see Appendix VI).

## 2.5 Quality Control

Qualitative researchers consider that the traditional methods of ensuring research is of a particular standard, namely reliability, validity and generalisability criteria

(Cutcliffe and McKenna, 1999) are “semantically incompatible” (Slevin & Sines, 1999, p80) with qualitative research due to its different philosophical underpinnings. For example, traditional criteria of reliability would dictate that a study should be replicable: that another researcher employing the same method should achieve the same outcome. However, qualitative researchers are quite explicit that qualitative research is not replicable, and that the researcher is offering one interpretation of a particular occurrence of which there are many. Alternative criteria have therefore been suggested, and those proposed by Yardley (2000) have been employed in the current study:

### **2.5.1 Sensitivity to Context**

This criterion refers to being sensitive to the different contexts of the research, including underlying theory and the findings of other researchers who have studied the same topic and the “socio-cultural setting” of the research. In the current study the researcher was sensitive to the research context through being alert to the background literature, carefully considering relevant papers (see Introduction, section 1) and attempting to link previous findings to the current data (see Discussion, section 4).

In regard to maintaining an awareness of socio-cultural factors, an effort was made to contextualise the participants' responses in light of their historical and socio-economic backgrounds. In many circumstances the participants had endured difficult childhoods, had come from disadvantaged backgrounds and were naturally suspicious of input from services such as clinical psychology. The participants' narratives were therefore interpreted and made sense of with these factors in mind, one example being in terms of how their care giving abilities were mitigated by these factors.

### **2.5.2 Commitment and Rigour**

“Commitment” relates to the researcher having “prolonged engagement with the topic” and to the development of “competence and skill in the methods used”. To satisfy this criterion the researcher endeavoured to be thorough in her review of the relevant literature, in collecting data, and through engaging in various layers of data analysis. Employing “triangulation” (establishing validity through the use of different

data sources, e.g. Guion, 2002) by interviewing the co-therapists also enabled a more rounded, multi-dimensional awareness of the topic under investigation. Further, the cross-referencing of themes (going back through earlier transcripts, purposefully checking for the presence of newly emerged themes) was employed to check the coverage and claims of the analysis. In order to develop mastery in the chosen method of analysis, early interviews, once transcribed and anonymised, were shown to a research advisor for feedback so that the researcher could work on her interview technique.

“Rigour” is described as “completeness of the data collection”. The researcher attempted to meet this criterion through ensuring that a satisfactory number of interviews had been conducted. In practice, participant numbers were constrained by time limitations and the amount of clients involved with the Making Links Service. The volume of data generated from six interviews was, however, considered sufficient to supply the information required for a detailed analysis of the making links process.

### **2.5.3 Transparency and Coherence**

“Coherence” refers to whether what is presented is a “convincing account” of the data, and whether the arguments put forward are logical and well reasoned. This was achieved through having colleagues read through transcripts, ensuring that themes had not been over represented or disregarded prematurely by the researcher. This also meant that the “analytic paper trail”, the journey from the starting point of the research (the interviews) to the end point (the themes), could be checked as reasonable and easy to follow.

“Transparency” involved the researcher providing an in-depth account of the research process including the recruitment of participants, the interview procedure and the coding of data. “Reflexivity” was considered an important part of this criterion, and was achieved through the researcher keeping a reflective diary of her personal perceptions of carrying out the study and the pressures of conducting research.

### 2.5.4 Impact and Importance

This criterion refers to the utility of the findings and whether they have any impact on the way a particular phenomenon is understood. In the current study, it was hoped that learning about the participants' perceptions would create new insights into the way they experienced the making links process and that, in turn, this might contribute to therapeutic practice.

## 2.6 Ethical Issues

To ensure that the proposed research was ethically sound, ethical approval was sought from Fife and Forth Valley Ethics Committee prior to the study being commenced. Once this had been granted, (see Appendix VIII) the study then received research and development management approval from Fife Primary Care NHS Trust (see Appendix IX).

Ethical issues were considered in relation to all individuals involved with the study, including the participants, the co-therapists and the researcher. These are discussed below:

### 2.6.1 The Participants

A number of ethical issues were considered in relation to the participants. To ensure that they were giving informed consent, they were provided with a detailed information sheet describing what they would be asked to do if they chose to participate, and given a week to consider their decision fully. Therefore at the point at which the participants signed the consent form, they were judged to have a satisfactory understanding of what was being asked of them. In order to guarantee the participants' confidentiality, all personally identifiable information was removed from their narratives once transcribed, and the interviews erased from the digital recorder once stored securely on the laptop computer. Moreover, the participants were assigned numbers and eventually pseudonyms to further ensure that their anonymity would be preserved.



One specific concern arising from the research was that interviewing participants about the perceived influence of childhood experiences might, in some cases, cause them a level of emotional discomfort. During the interviews, the researcher therefore monitored how the interviewees were responding to being questioned at all times. For example, if a participant's non-verbal behaviour or response indicated they felt uncomfortable with a particular question then the researcher would retreat and pursue an alternative line of enquiry. Should a participant appear to become distressed, however, then the interview would be terminated and the participant offered psychological counselling. Following this they would be asked if they wished to withdraw from the study or be seen at another time. If willing to continue, the interview would only be resumed once the researcher was satisfied that continuing would not be of detriment to the participant's psychological welfare. In all cases, participants were de-briefed following the interview about how they had found the process, and invited to contact the researcher should they wish to discuss the interview in more depth at a later stage.

### **2.6.2 The Co-therapists**

The co-therapists' confidentiality was also prioritised, in that all interviews took place in private rooms at the staff base, and the same procedure (erasing interviews from the digital recorder and storing them in confidential files) was applied in regard to management of their data. They too were given pseudonyms to protect their identity.

Furthermore, it was considered important that emphasis be placed on co-therapists' decision to take part being voluntary, and that their ability to carry out the intervention was not being appraised in any way.

### **2.6.3 The Researcher**

To ensure that the researcher was not being affected adversely by her involvement in the research, her experiences of listening to emotionally distressing material together with the general pressures of carrying out research were discussed on a weekly basis with a clinical supervisor.



### 3. Analysis

#### 3.1 Socio-cultural Background of Participants

##### 3.1.1 Participant 1

Sally<sup>1</sup> had been referred to the service due to problems managing her son Jack's (7) behaviour. She had three other sons called David (8), Alan (5) and Daniel (1). Her ex-partner (who was also the children's biological father) had reportedly been violent towards the children and the possibility that they were now experiencing posttraumatic stress disorder (PTSD) as a result had been raised. Sally now had a new live-in partner, but tensions within the household involving power struggles between him and Jack were evident. Sally had been adopted at a young age and reported experiencing physical abuse herself. The family were living in poor housing conditions, and Sally herself said that she struggled to make ends meet.

Sally was currently involved with the Making Links Service and had carried out some VIG. This had been temporarily suspended, however, as she had requested a break from engaging in this work and reflecting on her past. Sally nonetheless believed that she had benefited from the video work, but continued to find managing Jack's behaviour a struggle. She was currently being seen on a review basis with a view to resuming VIG at a later stage.

##### 3.1.2 Participant 2

Michelle was involved in the service due to her relationship difficulties with her oldest daughter Helen (10). She had another daughter Amy (5), but this relationship was said to be better. She lived with her children and her husband, Brian, whom she described as supportive. Michelle's own mother had died when she was aged 10, and she reported having had significant difficulties coming to terms with this loss. Following her mother's death she had been looked after by her grandparents, but

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<sup>1</sup> All names have been changed to maintain confidentiality

suggested that they had not treated her well and that she did not regard them as parental figures. She admitted to being depressed, having been on anti-depressant medication for many years.

Michelle had participated in a number of VIG sessions, a couple of which had also been attended by Brian. She had enjoyed participating in this work and said that she looked forward to watching the videos and receiving positive feedback. She believed that both she and Brian had benefited from the work and that her relationship with Helen had improved, but she was yet to see changes in her behaviour.

### 3.1.3 Participant 3

Stephanie lived with her partner Rick, and her two sons Aidan (11) and Michael (12). They had both been in care temporarily when younger, and Michael more recently for a number of months due to Stephanie being unable to manage his aggressive behaviour. The purpose of the clinical psychologist's involvement had been to help his re-integration into family life. However, as relationship difficulties were evident it was decided that the family would be good candidates for VIG work.

Stephanie's childhood had involved witnessing domestic violence and alcoholism. Her parents had separated when she was aged thirteen and she subsequently had had to look after her two younger brothers whilst going out to work. She had experienced her own problems with alcohol but had managed to gain more control over this in the recent past. Stephanie spoke of having a history of attending counsellors and psychologists herself, however her perceived lack of progress meant she was now suspicious of service involvement.

She was currently involved with VIG, but felt ambivalent about engaging in the video work. She did not believe that there had been improvements in Aidan's behaviour, and continued to find discussion of her past experiences of little help.

### 3.1.4 Participant 4

Ann had initially been referred due to her son Dylan's (11) behavioural problems both in the school and home environment. She and her partner Adam had two other children, Mark (17) and Emily (6), but unfortunately had lost three children in the last fifteen years due to natural causes. Ann and Adam had been experiencing relationship difficulties and had considered parting.

Ann was the oldest of four siblings, but had experienced differential treatment from her sisters and brother being regarded as the "black sheep" of the family. She had moved out of home aged fifteen and had subsequently been involved with drugs and glue sniffing.

Ann and Adam had been seen together for six sessions of exploratory work. Since this time their relationship had improved significantly and Ann considered that they were closer as a family. Dylan's behaviour problems had improved at home and at school. At present the couple were being seen on a review basis.

### 3.1.5 Participant 5

Fran lived with her partner Terry, two sons Tim (7) and Jonathan (13) and her daughter Kim (2). She had been referred due to Tim's aggressive outbursts, and to date had participated in a Triple P Parenting Group, exploratory work and play therapy with Tim.

Fran spoke of having neglectful parents who had had little time for her. She had been bullied for a number of years whilst at high school but had not felt able to tell them, and had consequently attempted suicide. Tim and Jonathan were now being bullied at their respective schools, although Tim had also been known to bully other children. Fran had split from Jonathan's father, but they kept in contact and he was involved in parenting him. Her relationship with Tim's father, in contrast, had been violent and she had left him when Tim was a year old. Her current partner was said to have good

relationships with the children. Fran had been taking anti-depressants for her low mood.

Since being engaged with the service, Fran described Tim's behaviour as having improved in that he was more affectionate and more able to play with other children. She too was now being seen on a review basis.

### **3.1.6 Participant 6**

Julie was referred to the service due to increasing difficulties with managing her daughter Robin's (14) behaviour. Robin had been suspended from school due to fighting, and she and her mother's arguments had been escalating to the point where both of them were now regularly damaging things in the home. Julie had three other children, Ruth (9) and 5-year-old twins Ollie and Simon. Her husband had left her a number of years previously due to an affair, and no longer had contact with the family.

Julie's history involved being sexually abused by her babysitter over an extended period of time. She had disclosed this information to her mother in the recent past, but had not been believed. Julie described becoming a bully at school as a result of the abuse, and being controlling in her friendships and romantic relationships. She had seen a cognitive behaviour therapist and a clinical psychologist for a number of years due to her own difficulties, but had found this input of little help.

Julie's involvement in the service had been quite recent, and she was still engaged in exploratory work. She believed, however, that although things at home remained difficult, she had made progress and was learning to withdraw herself from arguments with Robin.

### **3.1.7 Co-therapist 1**

Catherine was a clinical psychologist whose main experience of working with families with relationship difficulties had been through co-facilitating multiple family group interventions for young offenders.

### **3.1.8 Co-therapist 2**

Chris was a clinical psychologist who was responsible for overseeing the VIG service for the Fife Child Clinical Psychology department. This involved, amongst other things, co-ordinating VIG supervision and allocating suitable cases. She had extensive experience of working with troubled families in which attachment problems were an important factor.

### **3.1.9 Co-therapist 3**

Donna was a trainee clinical psychologist whose specialist work component was in child clinical psychology. She had carried out VIG interventions with a number of families.

### 3.2 Results

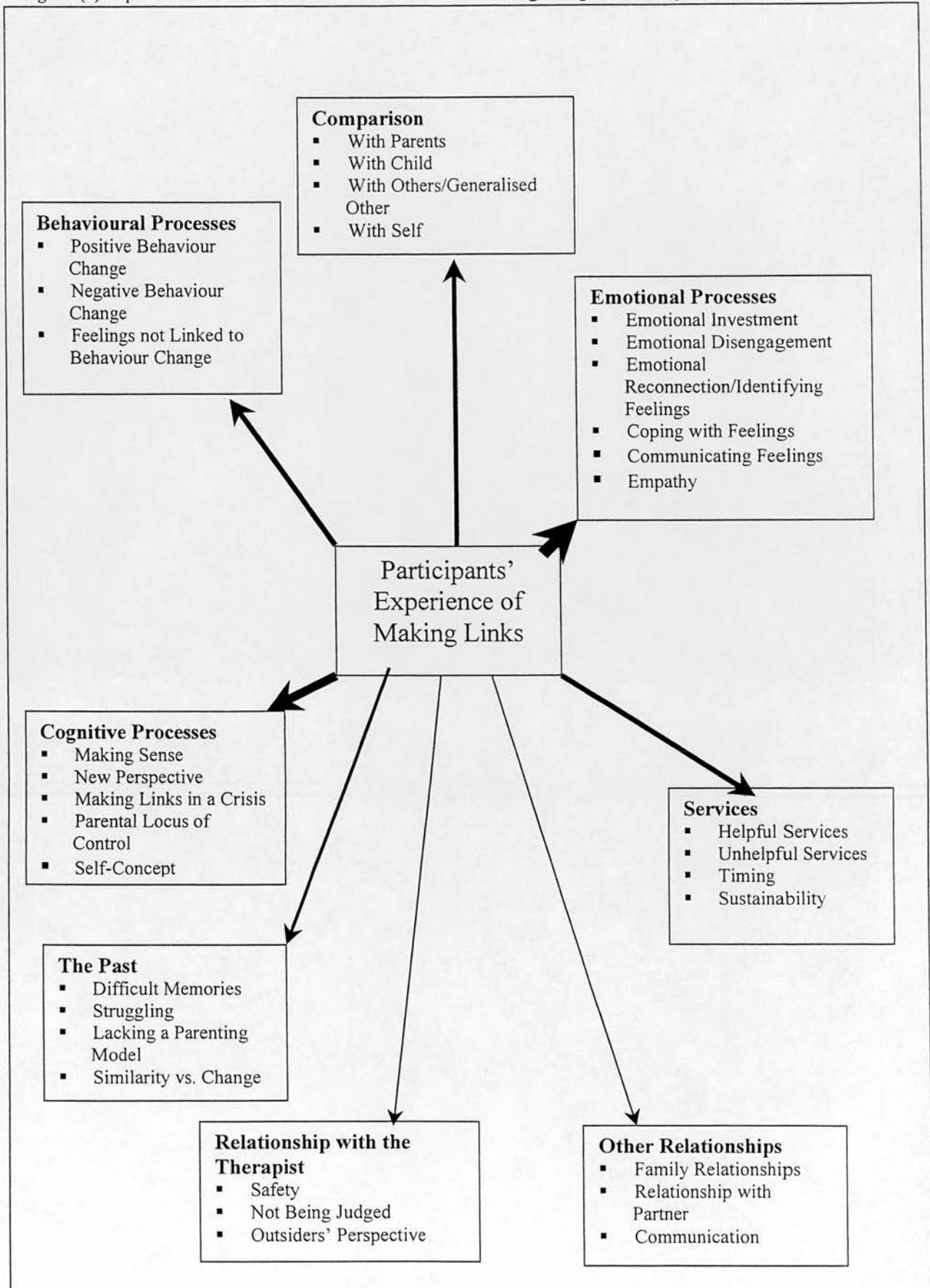
Eight super-ordinate themes were identified during the analysis. They are represented diagrammatically in Figure (3). The distance of each super-ordinate theme from the box entitled “participants’ experience of making links” together with the width of the line connecting the two, indicates how well the theme is represented in the participants’ narratives. The sub-themes encompassed by the super-ordinate themes are also displayed.

Excerpts from the narratives that have been considered to best illustrate the super-ordinate themes and sub-themes have been included. Throughout the excerpts one ellipsis indicates a pause in discourse (.) and three (...) indicate that some of the intervening narrative is missing (either to shorten the excerpt or remove material of less relevance). Notable non-verbal behaviour such as sighs and laughter are indicated in square brackets, and the researcher’s insertions are italicised in normal brackets. Furthermore, in order to remain true to the data, the participants’ use of regional dialect has been respected. This means that if, for example, a word ending has been missed or colloquial speech used, this has been included in the excerpt.

The presentation of data relating to the sub-themes is then followed by a summary of the super-ordinate theme. This includes how the participants’ experiences relate to the background literature, which has been re-visited in light of the findings. Finally the inter-relatedness of the themes will be discussed, followed by a diagrammatic representation of these relationships.



**Figure (3)** Super-Ordinate Themes and Sub-Themes Identified Regarding the Making Links Process



### 3.2.1 The Past

Learning about the parents' past experiences was considered important for the links they had made, and their perceptions of making those links, to be understood in context. In most cases the participants were not asked directly about their past, but all chose to provide this information, albeit some in more depth than others. For this reason, "The Past" was a super-ordinate theme moderately represented in the narratives.

#### 3.2.1.1 Difficult Memories

Some of the participants discussed difficult memories from their childhood, which often demonstrated their respective caregivers' failure to meet their needs. Some of the mothers spoke at length about their experiences:

"He took us to the grave and physically threw us out of the car with our bags and told us it was out fault that mum was there and that he was headin' the same way because that's what we were makin' him do (*ahh*) he took us there and just threw us down on the mud"

Michelle

"Most of that comes from then crying not wantin' my mum to go out and tellin' me to get a grip grow up and stop being a big baby that was it"

Julie

Other mothers, in contrast, were more guarded suggesting they were less comfortable talking about the past:

"I'm no thinkin' anythin' about my past I dinae want to as it was horrible"

Stephanie

### 3.2.1.2 Struggling

Many of the participants spoke of struggling, in the recent past, to cope with their children's behaviour. Often, it seemed that these women felt alone in dealing with these problems, despite input from services and/or family members. In the context of their often traumatic childhood experiences, it appeared as though these women were continuing to lead difficult and unfulfilling lives, over which they had either little or no control:

"I was right at the end of my tether (*mm*) I was really screamin' out for help for two years I never got any help from anywhere (*yeah*)"

Fran

"I'm sayin' Michael is really really hard work and I've no got an awful lot o' patience because wi' him when he starts it's just goin' to erupt an' I get upset an' his brother gets upset and Rick gets upset"

Stephanie

### 3.2.1.3 Lacking a Parenting Model

Some of the parents described having to raise themselves, as for whatever reason their own parents had been unable to look after them. They described struggling with their parenting subsequently because they lacked a parenting model: an internalised prototype of what a parent should be like.

"I had such a bad you know experience as a child an' growin' up and not havin' anyone to look up to as such not havin' a mother figure it's been very difficult to pass that on and it's been so hard"

Michelle

"I mean I got away with a lot of things because as I say my parents were never there for me I mean so it was hard for me to sit down just when I never had them and... give my kids boundaries"

Ann

The co-therapists acknowledged that, for the parents, developing an awareness of what they had lacked themselves and how this had contributed to their current difficulties was, in many cases, an important link to make:

"People sometimes say things like I I didn't have erm. much time or erm guidance from their parents or whatever and say they realise no wonder this is difficult for me (*yes*) which can free them up to think about what they would like to learn"

Chris

"I still think the kind of boundaries and structure (*mm-hmm*) are things she wouldn't have had in her own childhood are things she's not going to be able to (*yeah*) introduce herself"

Donna

#### 3.2.1.4 Similarity vs. Change

The notion of wanting to parent their children differently to how they had been parented, was present in many of the participants' narratives. A number reported making a vow to themselves to be "better mothers", but then coming to the realisation that their parenting was, in fact, all too similar to what they had experienced:

"I kept sayin' that I would never be like my parents (*mm*) but I looked and I thought I'm just like my parents that's the way they treated me (*mm*) and I've gone and done exactly the same with my kids (*yes*) I thought no this has got to change"

Ann

"I used to drink quite a lot an' I drunk too much and I vowed that I would never put my bairns through that an' I did (*mm-hmm*) because that's what I've seen growin' up"

Stephanie

In a similar vein to the sub-theme "lacking a parenting model" one co-therapist spoke of the inevitability of this repetition being due to the parents having no alternative but to parent their children in the same way:

"One of their fears is you know not wanting to do what was done to them but inadvertently not knowing what to do and there is the repetition and also desperately trying to do the opposite"

Chris

### **Review of Super-ordinate Theme "The Past"**

The extent to which the participants chose to discuss the past and the coherence with which they did so was deemed to be indicative of their current attachment representations (in a similar respect to the Adult Attachment Interview, George, Kaplan and Main, 1985). It was thought that this accounted for this super-ordinate theme being moderately represented, as some participants (who could perhaps be described as "preoccupied", e.g. Steele, Steele and Fonagy, 1996) spoke at length about still unresolved past issues. Others, however, (who could perhaps be described as "dismissing") avoided the topic or gave limited responses.

One mother who appeared to be "dismissing" responded to the making links intervention in a manner consistent with the existing literature, in that she considered attempts at encouraging her to discuss the past as intrusive (Cassidy et al, 2005). It was possible that talking about the past had activated her attachment system during the interview, as her responses became shorter and more guarded as the interview

progressed. Unsurprisingly, this participant was considered to have derived the least benefit from her involvement with the service.

The struggle many of the parents had with their own parenting due to the lack of a parenting model, was in accordance with literature describing insecurely attached mothers as often feeling “ineffective” and “helpless” in parenting their children (George and Solomon, 1999). Such feelings make sense in the context of not having a model or script regarding what to do or how to behave. This was considered, especially by the co-therapists, to relate to the repeating pattern of parenting commonly experienced by the participants. The repetition of pathological parenting “in terrible and exacting detail” (Fraiberg et al, 1975, p389) is a common finding, and researchers have variously hypothesised as to why it occurs. Fraiberg et al, for example, postulated that repetition results from “identification with the aggressor”, which enables the child (who later becomes the parent) to defend their fragile ego and ward off anxiety. Further, Levy and Orlans (1998) have suggested that such individuals derive comfort and reassurance from repeating even dysfunctional patterns, because they are consistent with their negative internal working model. The suggestion that such repetition is due, in part, to the lack of a parenting model is therefore an interesting and viable alternative to these views.

### **3.2.2 Emotional Processes**

The super-ordinate theme of “emotional processes” was the best represented in the narratives, being discussed by all participants in some depth. The parents were asked about their feelings directly, including whether they had experienced any new emotions. In general, however, feelings were mentioned throughout the interviews.

#### **3.2.2.1 Emotional Investment**

Many participants spoke of the making links process being an intensely emotional experience requiring much outlay in terms of feelings and emotions. Some parents, for example, spoke of it being primarily a painful experience:



“Emotionally oh it tore me to pieces”

Ann

“I’ve never been so low I’ve had lows in my life but now it’s all these doors have been opened and I just feel this huge you know emotional whoosh tidal wave”

Julie

Other parents, however, described experiencing a multitude of emotions:

“Oh yes me and Chris we’ve laughed we’ve cried erm just a lot of emotions I’ve been through every single emotion you could think of”

Fran

“I do go through different emotions and now I do feel angry one minute upset the next drained the next and it does... erm you do go through a lot of different emotions just figuring out where you are”

Sally

The co-therapists also perceived this process as involving considerable emotional investment:

“Erm [sigh] I think I can be upsetting for them erm... I think it can be really quite uncomfortable for parents to go down that route”

Catherine

“Yeah I think it’s different I have some parents that are really kind of emotional... find it an emotionally draining experience”

Donna

### 3.2.2.2 Emotional Disengagement

One thing that became particularly apparent from the interviews was that, prior to beginning this work, many of the parents had experienced a level of emotional disengagement. All had endured difficult childhood experiences, and it seemed that blocking out the associated emotions had been a protective strategy:

“cos I blocked all that out once I got married and had my children I blocked it but then divorce and losing children it’s just basically come out I mean so (*mm-hmm yeah*)”

Ann

Most of the women used imagery such as locking things away, closing doors and pulling down shutters to describe how they had disengaged emotionally. One explanation for this was that the images helped them to describe their disengagement, which they might have struggled to do otherwise. Another explanation, however, was that the participants were using these images euphemistically: as another way to buffer themselves from reality:

“I need to deal with things that I’ve tried to block away so it’s like bringin’ up the old box from under the house and just rekindling the fire and things ay (*mm-hmm*) erm so it’s quite good cos’ It’s making me deal with things that I would normally just put away”

Fran

“I had you know the brick wall no one will touch me no one you know will get in no one will bother me”

Julie

One mother spoke of disengaging to the extent that, as a child, she had convinced herself that her abuse experiences were imaginary. This was likely to have been a useful coping strategy at the time, but it now meant that she felt confused and fragmented. Helping her to accept her past had subsequently been an important part of the work carried out by her and her therapist:

“It was easier to for me to pretend it didn’t happen... I still have a bit of you know kind of disbelief sort of you know maybe did it really happen?”

Julie

Another important factor in the process of emotional disengagement considered to be related to these women’s cultural background, was that they appeared to regard allowing themselves to feel emotions as being somewhat self-indulgent:

“Because I kept my anger in for a long time, you know what’s happened to me. I have rarely spoke about it and put it to the back of my mind, because as far as I was concerned I’ve got my boys to look after I’ve no got time to worry about my past or my problems”

Sally

The co-therapists were aware of the parents’ need to use this self-protective strategy, and Chris spoke of the negative repercussions of doing so, in that parents also blocked out their happier memories:

“Particularly sexual abuse or trauma has had an incredibly erm damaging effect on them and they’ve maybe tried to block it out so I think that there are lots of coping strategies there to stop people from thinking and remembering and experiencing or feeling aspects of their childhood and they also block out the positive bits”

Chris

### 3.2.2.3 Emotional Reconnection/Identifying Feelings

For many of the parents, their history of emotional disengagement had apparently caused them to become somewhat disconnected from their emotions. Many suggested that an important part of the intervention had therefore been helping them to identify their feelings and feel their emotions:

“When I do look at the video and there is something there with me and Helen that’s obviously a feeling that is there and I obviously do have that feeling for her and erm it’s not a new feeling it’s a different it’s different in the sense that I’m seeing it so I’m believing it... that part I’m finding very difficult knowing what my true feelings are”

Michelle

“But I didn’t know that I actually felt angry about him erm not deep deep down like that and I left there 1993. It’s like fifteen years since I’ve been away fae there and it’s really only since a couple of month ago that I’ve really felt angry”

Sally

“No I felt a lot angry more angry I spose’ I’ve never really thought about it not until we started seeing Chris and then last session we just started talking about my childhood and that cos’ that’s when it just really dawned on me”

Ann

The co-therapists were aware that giving the parents permission to become emotionally reconnected and then containing these emotions once they had arisen, was an important part of their role:

“so the therapist needs to be very in charge of containing the emotional experience and allowing feelings to be felt”

Chris

#### 3.2.2.4 Coping with Feelings

Many of the parents spoke of being better able to cope with their feelings following the intervention and thus being more emotionally self-contained:

“erm so it has helped me when I do think about it now it doesn’t get me as angry or as upset as it used to erm it’s like I can deal with it better now I really can (*mm-hmm*) ”

Sally

“We’ll talk and we sit and talk cos’ I’ve calmed myself right down”

Ann

Ann went on to describe a link that had emerged between her feeling calmer and more in control of her emotions, and her son’s ability to cope with his emotions:

“even my husband has said he has seen a lot of difference in Tim now he’s calmed hisself” down now (*mm-hmm*)... if he thinks it’s wrong he’ll go and tell his teacher look I’m gonna take a five minutes out and she’ll say fair enough and he’ll go and sit outside so yeah it has oh it has changed a lot and my husband says well that’s down to you he says because you look at the way you were he says and it has an effect on Tim but now you’ve calmed down he says Tim’s exactly the same so (*mm-hmm*)”

Ann

Moreover, for the parents who had originally been scared of feeling their emotions, being able to express them safely and not be overwhelmed by them appeared to be a new and liberating experience:

"I just sat and cried with her in my arms which was really good (*good uhuh*) so it's just a bit of a relief (*mm-hmm*) and sometimes that's what you need (*mm*) I thought if I cry I'll never stop cryin' cos' I just kept it all bottled up"

Fran

"And I'll find I'm walking along the street and I'm crying and then I feel so elated that I can cry in the street"

Julie

### 3.2.2.5 Communicating Feelings

Being more in touch with their emotions meant that many of the parents were now more able to communicate to others how they were feeling. Many of the mothers now spoke of the importance of talking about their feelings, as opposed to keeping things to themselves:

"I think so because before that I would never say how I was feeling or anything else and it's a matter of stayin' in there now ken if you have a problem you've got to talk about it ken what I mean? I mean I do but I don't see why I should keep my feelings all wrapped up compared to everyone else so it's like with the video and the group and everything else it was like it's makin' me realise that I do need to say how I'm feelin' as well ken what I mean? Which is somethin' I've just never really done so"

Sally

The desire to communicate these feelings was evidently strong in many of the parents. For example, one mother spoke of the need to communicate her feelings to her



daughter so that they could have a better relationship, whilst another spoke of the need to share her feelings with her parents as a form of reparation:

“I have obviously got a connection somewhere erm it's just making me believe it and I think that the more I'm seeing it the more I'm believing it the more it will help to get those feelings out I hope so anyway”

Michelle

“I mean I can sit and talk to Adam you know we can sit and talk about it but it's not the same I would like to sit down with my parents and say look this is how my childhood is affecting me now how I'm feeling now but they just don't (*yeah*) so I sponse' deep down I've still got all that anger”

Ann

### 3.2.2.6 Empathy

A sub-theme represented in all narratives was the parents' increased ability to feel empathy. Empathy was considered to have a cognitive element, in that it involves the capacity to understand another. However, it was deemed to fit into the super-ordinate theme of emotional processes because the mothers spoke mainly of understanding and sharing the feelings of another person as opposed to their ideas.

The participants mostly described feeling empathy towards their children, as in many cases the children had experienced or were experiencing similar feelings and life events to that which they had experienced themselves:

“But I would never dream of lifting my hands to them now unless they were really really bad... [*coughs*] cause I ken what it's like to be skelped' and leathered”

Stephanie

"What with them goin' through it wi' their dad erm I think that's where I'm realisin' that's where they're getting it fae' erm... erm... then I think it's still erm... I know where they're gettin' it fae what they went through an' I'm gettin' the fear fae what I went through"

Sally

One mother even spoke of feeling empathy for her parents, and in particular how her father must have felt having to meet the demands of four children:

"I dunno it's hard really I think I sponse' it was hard for him an' all cos' he had another three children at the same (*mm-hmm*) and I sponse' he thought I could cope on my own cos' I was the oldest and the strongest"

Ann

One of co-therapists discussed the parents feeling empathy as a prerequisite to their being able to make positive changes in their relationships:

"Until they can perhaps have empathy and compassion to themselves and their actually their wider family system then it's going to be perhaps difficult to shift"

Chris

### **Review of the Super-ordinate Theme "Emotional Processes"**

Emotional processes have been acknowledged by researchers as being a significant aspect of making links. The initial stage of emotional disengagement has been described by Fraiberg et al (1975) as "the unspoken affect... maintained in isolation from the memories" (p411). Lieberman and Zeanah (1999, p557) describe it as a loss of "affective connections", and the subsequent reconnection an "onslaught of recovered affect". They also acknowledge the high level of emotional investment required, by suggesting the parent's "emotional capacity" to be an essential factor in

their being able to “withstand the pain of re-visiting the past”. A less recognised factor, perhaps, is the change in how parents cope with and communicate their feelings and the implications of this in terms of their relationships and their children’s management of emotions. The therapeutic implications of emotional reconnection and investment are considered later in the discussion section.

The parents’ increased empathy for their own children is also in-keeping with the literature (Lieberman and Pawl, 1993; Fraiberg, Adelson and Shapiro, 1975). However whereas Lieberman and Pawl have described it as an almost incidental part of the work, its presence across narratives would suggest that it is a significant aspect of the participants’ experience. Parents experiencing increased empathy for others apart from their children, such as their own parents, has not been indicated by the literature. This is an important finding, as such empathy has the potential to impact on the participants’ relationships generally, and as such be a significant factor in their experiencing positive changes.

### **3.2.3 Cognitive Processes**

“Cognitive processes” was the second most salient super-ordinate theme in the narratives. The participants were asked about how engaging in the exploratory work had affected the way that they thought about things. Again, cognitive processes were mentioned throughout the narratives, with the parents speaking openly about changes in their thoughts and perceptions in different contexts.

#### **3.2.3.1 Making Sense**

The making links process appeared to have enabled all parents to make sense of themselves, and to understand why they perceived things in a particular way, and behaved as they did. Many of the parents also described being better able to understand their children’s behaviour and view of the world:

“It’s made me understand I would say a bit more than I possibly understood things before erm now I think that I’ve lived with something so long it’s

become part of my life I've never really understood it it's been a part of me that doing something like this... It has enabled me to understand"

Michelle

"It helps me to realise that things from my past were interfering with how things are now if I hadn't then I would have an unquestioned answer { {sic}} if you ken what I mean? And I wouldn't have been able to make there links and realise where it is where I'm comin' fae and where my kids are comin' fae and that it has just made me understand that wee bit more"

Sally

One participant went on to discuss how she was now able to make sense of other people in her life, including her sister:

"I try an' figure out why she's got the mood swings that she's got because I've been there myself (*mm-hmm*)... so I try and figure out why she's bein' the way she is or whatever ay"

Fran

The co-therapists considered the parents' increased understanding to be important in terms of helping them to process or reduce the intensity of particular emotions such as self-blame. Their increase in self-awareness or insight was also considered to be the first and most important step in actively changing their circumstances:

"The parents can have really challenging but also really satisfying experiences and erm be able to make the links understand themselves better and sometimes reduce the level of blame that they feel"

Chris

"You know there's a fine line between helping a a a parent to start to understand and make links and by doing that they understand it more so they can therefore change the situation that they're under"

Catherine

Some of the mothers also described how the intervention had enabled their partners to understand them better, in a way that they had not been able to achieve until now:

"I try talkin' to my husband before but it's been very difficult because he's never lived through it so he doesn't understand it and actually being there being at some of the sessions and hearing me... has helped him to understand better... erm cause it's very difficult to tell the person you're married to and the person you live with you know this is what your childhood was like and this is what your life was like and it was absolute hell they don't want to hear it but erm havin' been to some of those sessions that we have been to I think he can see it differently and he can see where I'm coming from"

Michelle

One participant suggested, however, that the behaviour changes she had experienced during the making links process had led to others feeling confused because they were unable to integrate these changes into their conception of her:

"Yes because I have a friend that I sometimes go to the gym with sometimes as well and he'll be like to me erm who are you trying to kid? It's not you and I'm like well it is me you know"

Julie

### 3.2.3.2 New Perspective

All of the participants described how the intervention had changed their perspective and enabled them to see things differently:

"It's been quite enlightening probably on the whole (*mm-hmm*) erm and to discover you know that there were things that I thought didn't affect me at all and that obviously it has affected me"

Julie

Often, for the parents who had engaged in VIG, this new stance emerged from seeing themselves on video:

"When I'm gettin' filmed wi' Michael an' I watch in on playback I dunno I've no been noticin' how I've been interactin' as well wi' Michael I just think that (*yeah*) ken when you watch it back and Catherine will say right what did you notice in that clip? It's like well I've done that I've said this (*uhuh*) which is positive and I dinae think it's positive at the time"

Stephanie

"We were just sat and we were havin' a laugh doin' the sudukos because of some of the mistakes we had made and we were havin' a giggle about it and I wouldn't have believed that was possible (*mm-hmm*) without actually seeing it (*yeah*)"

Michelle

The co-therapist involved with Michelle agreed that the video work had changed her perspective about how it was possible for her to relate to her daughter:

"It's challenged her beliefs that she's a bad mother that they can't have fun they don't deserve to (*mm-hmm*) that when they're together it can be nice and it can be (*aha*)"

Donna



### 3.2.3.3 Making Links in a Crisis

When asked about the point at which a connection had been made to their past, many of the parents reported that, although they had made links during therapy, the most dramatic revelations had occurred during moments of crisis:

“He was arguin’ he was fightin’ he was violent he was angry and I stayed there for two hours because I was too scared to take him home and that’s when it hit home that I am scared of my son”

Sally

“I did I packed my bag an’ I was off I wanted to go but I looked I thought I couldn’t leave my kids (*mm*) cos’ my kids are everythin’ to me... so yeah it was hard to look at myself and think oh my god I sound like my mom”

Ann

“There was people in the field and they shouted and screamin’ here’s Tim comin’ and just ran away fae him’ and just started screamin’... and I had a lump in my throat and tears in my eyes (*mm-hmm*) thinkin’ what a shame he’s got a new sister and he just wanted to do was show them the photograph and that’s what I think hit home”

Fran

The making links process therefore seemed to be experienced by the parents as an instantaneous “flash bulb” occurrence, often accompanied by strong emotions.

### 3.2.3.4 Parental Locus of Control

Parental locus of control (PLOC) refers to a parent’s belief about their ability to control their child’s behaviour and development (Koeske, 1992). Some of the participants described a shift in their PLOC, in that they now realised the role they had played in their child’s behaviour:

"At the beginning I didn't think it was me I just thought it was. he was just there was somethin' wrong with Dylan but when we were seeing Chris and that and I thought lookin' at the way I'd been talkin' about my childhood and it had been hell an' I was thinkin'... it's what I've done it's the way I've acted it's Dylan's picked up on that"

Ann

"I've learned or accepted it's a lot of the difficulties I'm havin' are in relation to my own background as such"

Michelle

Other parents, however, still had an external PLOC and, although they had made some links, they had not yet connected their difficulties to the problems currently faced by their children:

"It was mainly for Tim because he's the one that's havin' the problems ay (*mm-hmm*) whereas I'm just the one that's tryin' to deal wi' it all (*yes*)"

Fran

"Catherine should be sayin' to him look what did you notice in that Michael and you can you explain to me what you think you've done wrong or whatever"

Stephanie

The difficulties associated with managing the participants' external PLOC was mentioned by all the co-therapists, who considered it to be one of the most challenging aspects of this work:

"I think you have to be really careful when you're doing it because you don't want the parents to feel any worse than they already do so they feel that in some ways they're responsible (*mm-hmm*)"

Catherine

### 3.2.3.5 Self-Concept

Most of the participants believed the intervention to have had a positive impact on their self-concept in general:

"I don't see myself as the quiet wee sorty person in the corner anymore"

Sally

"Yeah the way I feel about myself that I can actually do somethin'"

Fran

More specifically, the mothers' conception of their ability to parent their children had, in most cases, also shifted:

"Just that I seem to be a good mum I'm no a bad mum I used to think that all the time that I wasnae any good and (*mm-hmm*) and I wasnae doin' very well (*mm-hmm*)"

Stephanie

One of the participants, however, who had quite a negative self-concept, stated that she continued to see herself in the same way:

"I'm very fortunate in what I do have erm but in my actual self it's very difficult because I don't know if I'll ever see anything positive in myself because I find that very difficult"

Michelle

Yet Michelle's therapist believed that there *had* been a shift in the way she conceived of herself:

"It's challenged her beliefs that she's a bad mother"

Donna

### **Review of the Super-ordinate Theme "Cognitive Processes"**

Making sense has been the main cognitive process indicated both by the narratives and the literature. For example, according to Cassidy et al (2005) enabling the mother to develop a coherence in the way she understands herself is considered important for making her feel more in control of herself and her circumstances. The co-therapists alluded to the way in which these mothers' cognitions could help mediate their emotions (such as self blame) which has been found in systemic family therapy literature (e.g. George, 2000). Cassidy et al (2005) additionally suggested that parents were able to link their emotions to their behaviour through this process of making sense. Cognitive processes therefore appear to be important in terms of mediating both emotional and behavioural processes in making links.

In regard to self-concept, some studies have suggested that making links can improve mothers' representations of themselves (e.g. Cassidy et al, 2005), but this has mainly been in regard to parenting and not on a more global level, as suggested in some of the narratives. Making links in a crisis appears to be a new finding, most papers suggesting that links generally emerge during therapy as opposed to at other times. This finding indicates how some of work may have been carried out before parents enter therapy, and how it does not necessarily cease once therapy has ended. It also

challenges the belief that parents need to be in a settled period in their lives to carry out such exploratory work, as it would appear that parents are just as likely to make these connections during unsettled periods.

### 3.2.4 Behavioural Processes

As the most concrete super-ordinate theme behaviour changes were, perhaps not surprisingly, discussed at length by many participants. If asked directly whether they had experienced any changes whilst being engaged with the service, most of the parents remarked that they had experienced behavioural changes as opposed to changes in, for example, relationships or their management of emotions.

#### 3.2.4.1 Positive Behaviour Change

Many of the parents had experienced positive changes, both in their behaviour and their child's behaviour. Often these changes were a reduction in acting out behaviours such as aggressive outbursts:

"Dylan was my our worst one he was aggressive but I mean yes he has after me an' his dad have been talkin' nicely to each other... I mean he'll think before he lashes out"

Ann

"Well obviously because I'm not reacting she certainly isn't taking it you know to the next level"

Julie

One mother even spoke of having developed a higher level of sensitive responsiveness towards her baby, being more attuned to his signals and responding promptly:

"It has been helpful to sort of figure out how he feels because he's a really placid baby so when he does cry I look at his body language and the way he is to find out what he wants"

Sally

Other positive changes included parenting children more consistently, spending more time together as a family, communicating better and being more demonstrative:

"We take them to the pictures we've taken them to the bowling you know we've done things with them yes we have done that before but it's not been with the same commitment"

Michelle

"My kids have seen a difference in me an' all mummy you are nice and we love you mum an' I given em' cuddles an' they give me cuddles"

Ann

Sometimes the parents attributed these changes to the intervention, but at other times they made different attributions such as the child being at a different developmental stage, or simply not knowing why their behaviour had improved:

"His concentration span's gotten better as well (*mm-hmm*) erm I dunno if that's just goin' by age or whatever ay you can actually sit down and talk to him about things whereas he couldnae before"

Fran

The co-therapists witnessed positive behaviour changes as well. It was suggested, for instance, that one way in which they knew the parents were making progress was when selecting video clips to show them became an easier task:



“There’s been such progression in the videos we’re onto our fifth tape erm and in the first tape you struggled to get your few clips and now you could show her most of the video”

Donna

### 3.2.4.2 Negative Behaviour Change

Some of the participants had noticed negative behaviour changes in their children following the intervention. In general, this was perceived as a form of attention seeking as carrying out the work often meant that they had been engaged elsewhere or had changed their priorities in some way:

“I would say that the past erm two to three months has been worse in Helen’s behaviour in the sense that I mean she goes an’ cries at little things if she can’t have somethin’... I don’t know what if it’s attention she’s doin’ it fae some form of attention or it’s been because I’ve been caught up in other things”

Stephanie

“Because I’ve tried goin’ back to work an’ I’m now startin’ college and that an’ my boys don’t seem to like the idea of of mummy goin’ out and mummy’s goin’ to do somethin’ wi’ herself and then they play up at school”

Sally

One parent, however, perceived her child’s “negative” behaviour in a positive way, as a form of regression:

"He had went an' dirtied his bedroom unit which was somethin' he had never ever done since before he went to nursery... I went away downstairs an' was sittin' thinkin' to myself for him to come forwards you've actually sometimes got to go backwards"

Fran

### 3.2.4.3 Feelings Not Linked to Behaviour Change

In some interviews, parents mentioned that their feelings had changed and they understood themselves better, but that this had not led to changes in their own or their children's behaviour:

"I don't know if it's helped with the boys, but I know it's helped wi' me (*mm-hmm*) erm, I know it's helped wi' me, but I'm not obviously sure if it's helped wi' the boys"

Sally

"I'm positive that it will come but no I can't say that I've seen changes"

Michelle

As changing their children's behaviour had been the main reason for each parent's referral to clinical psychology, one co-therapist suggested that they were often unclear about the rationale for engaging in exploratory work:

"I think even making the links between their own experiences as a child and their relationships with their child I'm not sure that they always understand how that automatically relates to their presenting problems"

Donna

As, in some cases, their children's behaviour had failed to improve, it was thought that these parents' confusion about the work was possibly not alleviated following the intervention either.

### **Review of the Super-ordinate Theme "Behavioural Processes"**

As most of the literature on making links is related to parent-infant relationships, behavioural processes relating to older children have not been explored in much depth. The main finding in terms of behaviour change is that parents can become more responsive to their children's needs (i.e. sensitive responsiveness, van Ijzendoorn, 1995) and their children more securely attached, following intervention (e.g. Cooper et al, 2005). In accordance with the research, the positive behaviour changes reported by the participants suggested that they were now serving successfully as a secure base (for example, being more consistent and affectionate) and their children felt more secure (for example, engaging in less acting out behaviour).

Researchers have also acknowledged that understanding the influence of the past on the present does not necessarily translate to behaviour change, as described by some of the participants. Lieberman and Zeanah (1999), for instance, have suggested that further work is often necessary to facilitate parents' secure base provision. This is perhaps contrary to the idea of a "sleeper effect" (changes at the representational level taking longer to filter through than behavioural changes, van Ijzendoorn, Juffer & Duyvesteyn, 1995) as in the current study the opposite had occurred: representational changes had not always led to behaviour changes. This finding does, however, support the idea that some components of making links interventions fall into place before others.

In regard to the negative behaviour change experienced by some of the participants, this has not been represented in the literature. Cooper et al (2005) have acknowledged that exploring the past can initially have a negative effect on a mother's ability to serve as a secure base. This is because the activation of her attachment system can render her incapable of meeting her child's attachment needs. However, this has not been carried through in terms of the implications for her child's behaviour. Other

potential influences, such as a mother's changing behaviour (being perceived as unpredictable by her child) leading to her child's increased attachment insecurity and negative behaviour, have not been explored by the research.

### 3.2.5 Comparison

Comparison was a salient aspect of the making links process for most participants, being as well represented as "Behavioural Processes" and "Services" in the narratives. It appeared to serve a number of functions, allowing the mothers to distance themselves from or align themselves with different objects. The act of comparing was therefore regarded as important in enabling the mothers to develop their sense of identity. Moreover, the comparisons allowed the researcher to gain a richer insight into how the mothers defined themselves, through observing where they located themselves in relation to others, in a similar fashion to a repertory grid (e.g. Bell, 1990).

#### 3.2.5.1 Comparison with Parents

Many of the participants were eager to outline the differences between themselves and their parents, despite acknowledging similarities. It became apparent that making connections and aligning themselves with their parents was, in some cases, threatening to the participants' self-concept. Outlining their differences was therefore important in enabling the participants to distance themselves once more:

"I'm doing better than my parents did when I was younger (*mm-hmm*)"

Ann

"I'm more interactive I interact more with my children than what my parents did wi' me"

Stephanie

The language used by one mother in particular was noted to be significant in promoting this sense of distance between herself and her adoptive parents:

“I’ve noticed that I’m nothing like the way I was brought up. I’m not those people”

Sally

Through referring to her adoptive parents as “those people”, Sally was creating an image of her parents being like strangers of no relation to her. The direct comparison (stating “I’m not those people” as opposed to “I’m not *like* those people”) served to add emphasis to her statement.

### 3.2.5.2 Comparison with Child

The participants also made comparisons between themselves and their children. Often these comparisons indicated an awareness of their children having things that they themselves had never had. Some mothers regarded this in a positive way:

“We do try and have a time out and just sit with each other (*mm-hmm*) which is good because I never got that so it is different”

Ann

Other mothers, however, indicated that they felt a level of resentment towards their child, for having what they perceived as a better childhood than they had:

“I’ve seen a lot of bad things as I was younger and growin’ up and it’s nothin’ compared to what my bairns go through {{sic}}”

Stephanie

"I mean Helen goes to Brownies she has her gymnastics she has her craft club you know she does a lot of things that you know I didn't do in my childhood"

Michelle

Michelle had struggled to acknowledge this resentment in the past, and her reluctance to improve things for her daughter subsequently had been a barrier to her engaging in therapy. Helping her admit this to herself had thus formed an important part of the work carried out with her therapist:

"She's felt like you know I had a terrible childhood why should I do all this work to make them have a better childhood than me?... I don't think that she ever felt she's had a lot of adult psychology input she never really felt safe to acknowledge... those thoughts... because she was so ashamed of them "

Donna

### 3.2.5.3 Comparison with Others/Generalised Other

Comparison of themselves with others featured in all the participants' narratives. Often this comparison was not with others specifically, but others generally in the form of a generalised other. The concept of a generalised other, derived from the work of Mead (1934), is related to symbolic interactionism. It describes how people take an imaginary perspective of their social group or society when making judgements about their own conduct.

Some of the mothers suggested that they compared themselves favourably with others, describing negative events in which they would expect others to engage, but that they themselves did not:



"At least I don't hit the bottle (*yeah okay*) a lot of people do and see the solution at the bottom of a bottle but it doesn't help the problem's always there at the end of the day"

Fran

"I mean some parents do go a bit too far a skelp on the bum doesnae go amiss (*uhuh*)"

Stephanie

One way that the notion of a generalised other became apparent, was in the mothers' discussion of there being a "correct way" to parent their children. This indicated that society's idea of good parenting was something that influenced these women's behaviour and conception of themselves as parents:

"Bringing up my kids the proper way"

Ann

"It's like well if you're good you'll get this if you're good you'll get that and a lot of people will say well that's the right thing to do"

Sally

Moreover, some participants suggested that they felt judged by others in regard to their parenting, and that they therefore found the influence of the generalised other to be somewhat burdensome:

"Some of the parents said oh my son wouldn't do that or my daughter wouldn't do that"

Fran

“And it’s all then about what other people sort of think”

Julie

One parent, however, spoke of having liberated herself from the influence of “correct parenting”, and described this as being one of the most useful things she had learned whilst being involved with the service:

“What I’ve learned from it in a sense that there’s not a right way or a wrong way to to be a mum you know everyone is different”

Michelle

#### **3.2.5.4 Comparison with Self**

The participants made various comparisons of the self, including comparing their current self with their ideal self (how they would like to be):

“I’m doing it the wrong way I’m saying well if you calm down you can come down I should be saying you need to go in your room I’m not putting up with this from you but I don’t”

Sally

As, in most cases, the parents had experienced changes in their behaviour and self-perception, comparisons were often made between their current self and their past self. For many participants, coming to terms with or accepting their past self was now something that presented a challenge:

"Now I look at myself and I think and I think oh was that really me did I do all those things? And I can't believe how horrible I was"

Ann

"I'm not so selfish I used to be really really selfish"

Fran

One parent who had experienced a fragmentation of self made within self-comparisons, and spoke of having different "sides" to her personality. Integrating these distinct aspects of herself was one of her main challenges:

"I can feel so wallowing I call it I've got my psycho side and my wallowing in self pity side (*right aha*)"

Julie

### **Review of Super-ordinate Theme "Comparison"**

The influence of comparison on the making links process has not been documented in the background literature. Yet comparison can serve many purposes. For example, for the parents that judged themselves favourably against a generalised other, their self-esteem would have been enhanced by shifting their focus from their own perceived deficits onto others'. Comparison with a generalised other could be considered a barrier to the parents making links, however, as feeling judged regarding their parenting is something that is likely to make them withdraw from services. Comparisons with their own parents, their child, and with themselves could, conversely, be considered as facilitating making links as it supports their understanding (cognitive processes) and empathy (emotional processes).

#### **3.2.6 Relationship with the Therapist**

The participants were asked directly about their relationship with the therapist and whether they thought it had influenced the work that they had been able to do. This was a less well-represented super-ordinate theme, in that only some of the parents

considered elements of the relationship to have played a significant role in enabling them to make links. The co-therapists, perhaps predictably, did consider the relationship to be important and cited similar reasons for this.

### 3.2.6.1 Safety

Occasionally, the participants would discuss feeling comfortable or relaxed as a prerequisite for engaging in the exploratory work. Mostly this related to them feeling safe enough to make certain disclosures:

“There was bits you know that are comin’ out that’s always been there but I’ve kept you know I haven’t felt comfortable enough to bring them out but with Chris it just doesn’t bother me at all”

Julie

“She’s just one of these people that makes you relax and sit and talk I can sit and blether all day”

Fran

All co-therapists discussed the importance of safety. This was often discussed in terms of the relationship being akin to an attachment relationship: the parents’ willingness to explore being contingent on their feeling safe and secure:

“I think erm she’s got that safe space then to talk about her own childhood and her own experiences ”

Donna

“What we know about attachment erm problems that people have is that when they are... erm after they have when their attachment behaviours are activated (*mm-hmm*) they find it more difficult to think and reflect ”

Chris

### 3.2.6.2 Not Being Judged

Related to safety, was the sub-theme of not feeling judged by the therapist. The participants gave the impression of the non-judgemental nature of the intervention being unexpected, which possibly related to their experience of feeling judged by their generalised other:

“I mean she wasn’t there to she wasn’t judging you she’d sit and listen she never judged you once”

Ann

“It’s not been a judgemental thing whereas a lot of things can be judgemental”

Michelle

The co-therapists were again, aware of the participants’ need to feel that judgements were not being made about their thoughts, behaviour or past experiences:

“I don’t think they feel safe enough to do that unless they’ve got a good relationship with you and they trust you and are not feeling judged by you (mm-hmm)”

Catherine

### 3.2.6.3 Outsiders' Perspective

Another aspect of the patient-therapist relationship considered important by the participants was that the therapist was a “stranger”:

“It’s nice to talk to a stranger who doesn’t know me and everything else I mean it’s nice to talk to someone different”

Ann

"I think just knowing that someone who doesn't know anything about you"

Julie

It was unclear why the parents considered this to be important, but possibilities included a stranger being less likely to pass judgement and their having a fresh and objective perspective on their difficulties.

### **Review of Super-ordinate Theme "Relationship with the Therapist"**

The importance of the parent-therapist relationship is well documented in the research (e.g. Lieberman and Zeanah, 1999), and was discussed at length by all co-therapists. Its limited presence in the participant narratives, however, would indicate that parents experienced the relationship as a less salient aspect of the making links process. It is possible, of course, that parents are not aware of the significance of the relationship in enabling them to carry out exploratory work, and are affected by it on a more subconscious level. The lack of discussion about the relationship could potentially indicate it being experienced as safe and therefore "taken for granted".

Nonetheless, the fact that some participants described the therapist as making them feel comfortable or relaxed has been taken to indicate their experiencing her as a "safe haven" (Cooper et al, 2005) because they felt safe enough to explore the past. In fact, the aspects of the relationship described by the parents as most relevant appeared to be inter-linked, relating to their feeling safe. A non-judgemental therapist appeared to contribute to a collaborative relationship involving trust and security. Furthermore, the therapist being an "outsider" potentially related to their being less likely to judge the parent, and thus, more able to provide her with a "safe haven".



### 3.2.7 Other Relationships

The super-ordinate theme “Other Relationships” emerged late in the analysis, and is a less well-represented super-ordinate theme. Participants were asked whether the intervention had affected anything else in their lives, apart from their child’s behaviour, and a number responded that they had experienced overall improvements in their relationships.

#### 3.2.7.1 Family Relationships

In some of the narratives, the parents reported their cohesiveness as a family having improved following the intervention, and feeling that they belonged together as a group, as opposed to being individuals sharing the same living space:

“Which is what we’ve always wanted to be again as one big happy family (*yeah*) like we were before but (*okay*) so she has helped us through that”

Ann

One mother, for example, spoke of her relationship with her daughter becoming so dominant that other family relationships had suffered as a result. The family’s subsequent involvement in the video work had thus enabled her to shift her focus onto the family as a whole:

"It has benefited us greatly as a family erm because there are four people here (*mm-hmm*) there's not just me and Helen there is four of us (*mm-hmm*) so yeah ... it's improved things... as a family the family unit"

Michelle

The participants suggested that this change in family relationships had become most apparent when the family had been able to go on outings and day trips together, and have fun as a group:

"They were all there there was Jonathan... Tim, my nephew and Kim... so I had my step-daughter she's comin' up for eighteen so they were all sittin' playin' football or tennis and things as well so we had good fun... it makes a change from them all being arghh! I wanna kill you! [Laughs]"

Fran

"We have gone out there and done more erm it's just a weekend there we took the kids to that Fun House that has just opened erm the kids had a wonderful time"

Michelle

### 3.2.7.2 Relationship with Partner

For the participants that had partners, some spoke of the intervention having improved their relationship. Generally this was related to their partners' increased understanding of their past and current behaviour (see 3.2.3.1).

"My husband does understand he understands how I feel more... Yeah I would say it has in that respect improved things between me and my husband"

Michelle

One mother spoke of her relationship having formerly been in crisis, but resolving their difficulties following therapeutic input:

"I've told him I'm walking out I'm leaving but she's... helped us through all that we've I mean we can speak to each other now without shouting at each other... and we can sit down and we can sit and look at each other"

Ann

### **3.2.7.3 Communication**

Often, the participants attributed changes in their relationships to improved communication. Generally, it appeared as though engaging in a "talking therapy" had allowed the women to learn to be less guarded:

"If you have a problem you've got to talk about it ken what I mean?"

Sally

"I'm hoping so because [coughs] I'm a lot more open to talking about things"

Julie

The participants were able to demonstrate that their improved communication skills could be useful in different life domains such as managing family arguments, explaining sensitive issues to their children and even negotiating a stressful work incident:

"When I went back to work obviously people had spoke and I did I set a few people straight it was nothing to do with that situation"

Julie

"I was like... if you cut into a vein this is what could happen... and the scarring won't go away... but tryin' talkin' to him rather than drummin' it into him or drummin' it into his head it's better just talkin' to him"

Fran

### **Review of Super-ordinate Theme "Other Relationships"**

The effects of making links on other relationships, as evidenced in some participants' narratives, have not been discussed in the attachment literature. However, the implications of changes in attachment security on relationships have been considered by systemic family therapy researchers. This group has been keen to explore the relatedness of attachment theory and systems theory, which according to Baker (2004) "describes the structures in which individuals live". Atkister (1998), for instance, has

stated that “dyadic relationships do not exist in isolation but within the context of other relationships”. Moreover, Bowlby (1979) himself acknowledged how infant-mother attachments and family life were entwined. It would therefore make sense that changes in attachment relationships would lead to changes in family relationships also.

In terms of the improvements in some of the participants' marital relationships, evidence has been found to support the relationship between attachment security, “constructive communication” and marital satisfaction (Feeney, Noller and Callan, 1994). This finding would suggest that feeling more secure themselves translates to parents feeling more secure in their romantic relationships. Furthermore, it indicates that effective communication is a key factor in improving relationships, which coincides with the participants' experiences.

In terms of how this super-ordinate theme linked with other themes, it was thought that improvement in the participants' relationships was likely to be an important contributor (along with behaviour change) to their struggling (from the super-ordinate theme “The Past”) having reduced.

### **3.2.8 Services**

This was a prominent super-ordinate theme discussed in varying degrees by all participants. It encompassed the parents' view of the Making Links Service specifically, and their perception of public services (such as the police, mental health services and health centres) more generally.

### 3.2.8.1 Helpful Services

All participants suggested that they had found the making links intervention to be of some use. For example, one mother suggested that the difference between the current intervention (VIG) and other interventions she had experienced, was its non-directive nature and the fact that she could go at her own pace:

“It’s been a gradual process so it’s not like you’re having to go out there and next week I want to see this happening or I want to see this change it’s been a gradual thing erm it’s not been forced erm so in that sense... it’s been more beneficial than erm you know the choices have been left a lot to me”

Michelle

Stephanie had, perhaps, been the participant that was least enthusiastic about the input she had received. Nonetheless, she was still able to suggest ways in which she had benefited from the intervention:

“I mean I would say dinae bother comin’ an videoin’ us anymore but I just like pickin’ up on the positive feedback and pickin’ up on things that I’m learning obviously ay (*yeah*)”

Stephanie

Some mothers even suggested that they had enjoyed their involvement with the service, despite the high level of emotional and cognitive investment required:

“I’ve had my lows and my highs and the kids have had their highs and their lows as well (*uhuh*) erm we’ve enjoyed the experience”

Fran



"It has helped me and my husband quite a lot and it helped Dylan quite a bit an' all so (*uhuh*) yeah I mean we've enjoyed doing it"

Ann

### 3.2.8.2 Unhelpful Services

Some of the participants had experienced prior input from mental health services, largely due to their own mental health issues. The overriding perspective taken by the mothers in regard to this involvement was that it had not been helpful, and had served only to make them lose confidence in the mental health system:

"It was a clinical psychologist that I saw but they had a total different obviously way of kind of working whereby it was just going and listening... it was just sort of 'oh well that's fine it's fine for you to feel like that' no it's not okay for me to feel like that"

Julie

"I've done anger management and I've been there done it all I've seen psychologists, counsellors I've done it all"

Stephanie

The parents' negative perception of the mental health system seemed to fit with their overall experience of being consistently being let down by public services. The impression they gave was of feeling disempowered and being unable time and again to get the help they needed:

"It's like it took me 10 years to put in a report about him and nothing ever came of it"

Sally

"I phoned the police (*right*), which was hard because then there were no witnesses they didn't do nothing"

Julie

### 3.2.8.3 Timing

Many of the parents' narratives suggested that the timing of therapy was important. Some made comments indicating that they wished they had accessed this form of intervention before, and that now it was possibly too late:

"Ken I've put up with it for so long and now I'm tryin' to make a stand sayin' right this has got to change but I think because... I have let it go and go and go and now I'm decidin' right this is my time to stand up and say enough is enough but I've left it too late"

Sally

"I wish I'd done this a lot sooner I really do"

Michelle

Other parents discussed the importance of being ready for therapy, and that involvement at an earlier stage, with themselves or their children, may have been premature:

"I'm at the stage where I need to deal with things that I've tried to block away"

Fran

"She doesn't want to sit and talk about things... keep tryin' to you know but you can't force them an' it has to come from herself"

Julie

### 3.2.8.4 Sustainability

Occasionally participants described concerns regarding the sustainability of changes that had been made. They also spoke, however, of having already sustained changes and thus being pleasantly surprised:

“But it’s about maintaining that (*yeah*) cause as I say my boundaries do change... if I’m having a low it’s like do whatever you want”

Julie

“I did at first I thought no this isn’t going to carry on it’s gonna explode or it’s gonna go back the same way as before and then I and it hasn’t... it’s been going up and up and up and that’s how I’m liking it”

Ann

On the whole, the parents accepted that positive change was a work-in-progress, and that change would most likely happen gradually:

“It’s been a gradual thing”

Michelle

“It’s gonna take time but I think we’re gonna get there”

Ann

## Review of Super-ordinate Theme “Services”

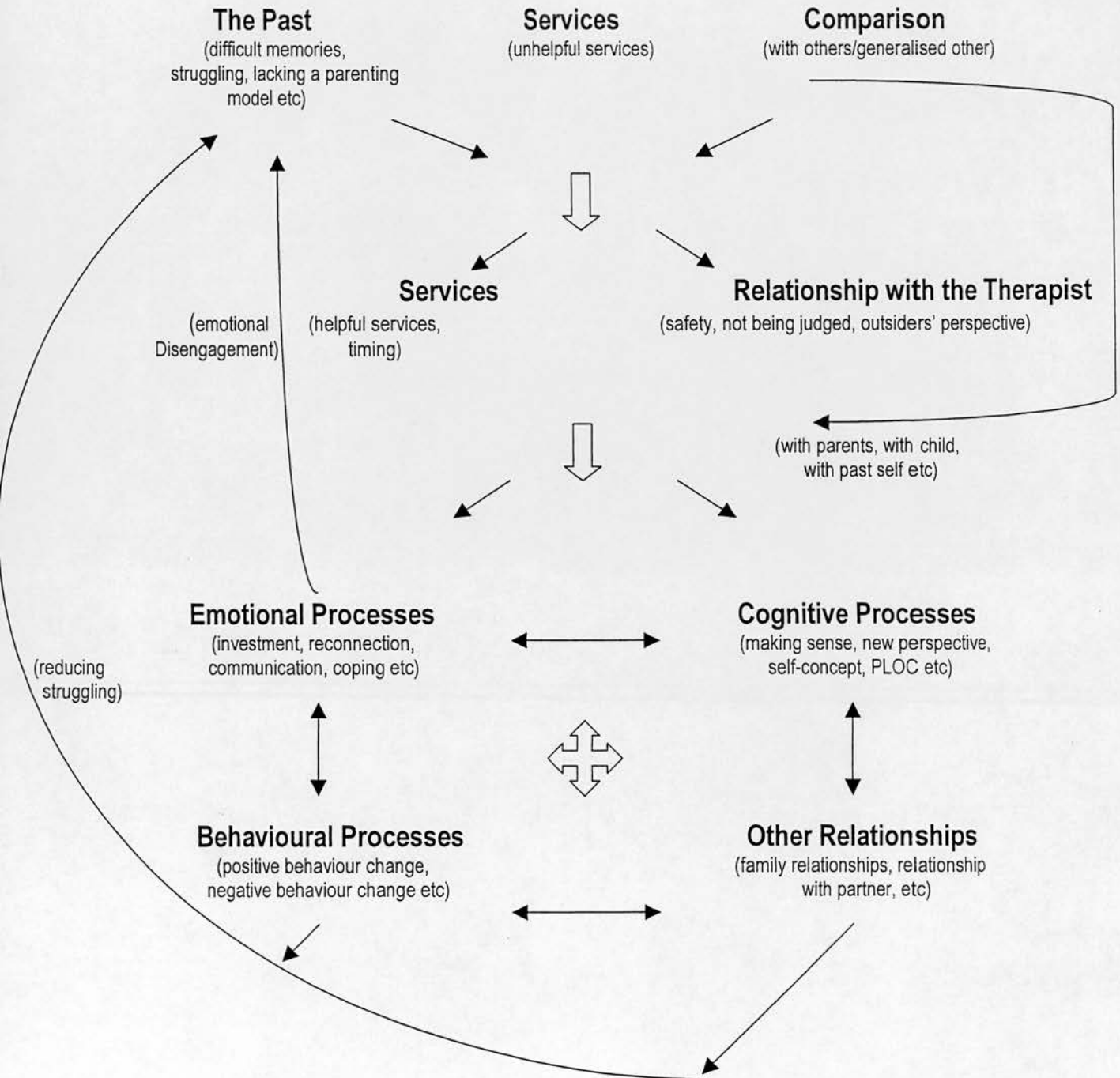
The participants' views regarding being underserved by public agencies including mental health services were in keeping with the literature (e.g. Snell-Johns, Mendez and Smith, 2004). In the main, the parents were affected by socio-economic stressors and poor education, which, as previously discussed, are factors associated with such an experience. That the participants had found the intervention they had received of some use was, to an extent, expected as their referral to the study had been based on their being in the final stages of the work. The aspects of the intervention they found helpful, however, such as the video work being positive and well paced, was of course useful information for the service. “Strengths-based practice”, or focusing on the competencies the individual already has, is the corner stone of VIG, and is suggested by SPIN<sup>®</sup> USA ([www.spinusa.org](http://www.spinusa.org)) to “Eliminate[] blame and focus on failure and dysfunction”. The finding that the parents in the current study liked this positive focus adds another dimension to the rationale for using this approach.

Prochaska and DiClemente's (1984) Stages of Change Model appears to be applicable to the issues of timing and sustainability reflected in the participants' narratives. The suggestion of there being a “right time” for therapy, for example, would indicate the parents' acknowledgement that at one time they had been at a pre-contemplative stage when change was not seriously considered. The fact that they were now able to manage this work indicated that feeling ready was important, and that the parents had been able to identify themselves when the timing was right. Moreover, their concerns regarding the sustainability of change fits with the maintenance stage of the model, when reverting to old behaviours is a particular threat. The parents' comments, however, seemed to reflect the stage in the process that they were at, in that those at the review stage were more confident about maintaining change than those still engaged with the work.

### 3.9 Inter-Relatedness of Themes

The relationship between themes is illustrated in Figure (4). It was considered that certain super-ordinate themes such as **the past** (difficult memories, lacking a parenting model), the participants' prior conception of **services** (as being disempowering and unhelpful), and **comparison** (especially of themselves with a generalised other) had acted as barriers to the making links process. However, their **relationship with the therapist** and perception of the Making Links **Service** as helpful had served as enablers to carrying out the work. Once engaged in the service, the participants had undergone **emotional** and **cognitive processes** (often facilitated through **comparisons** with their parents, their children and their past and ideal selves), which, in most cases, had led to changes in **behaviour** and **other relationships**. A feedback loop had then been established as **behaviour/relationship** change led to further change in **emotions** and **cognitions**. This, in turn, led back to the participants experiencing a reduction in **struggling**.

Figure (4) Diagrammatic Representation of the Inter-Relatedness of Themes





## 4. Discussion

### 4.1 Summary of the Results

Interpretive Phenomenological Analysis (IPA) was used to explore parents' experiences of making links between their childhood and current parenting. The researcher also endeavoured to explore their perceptions of the intervention, the different ways they considered it to have affected them, and the potential implications for service development. Six participants who had engaged in this process and 3 co-therapists were interviewed. During analysis of their narratives, 8 super-ordinate themes emerged: "the past", "emotional processes", "cognitive processes", "behavioural processes", "comparison", "relationship with the therapist", "relationships with others" and "services".

The theme of "The past" described the parents' experiences prior to engaging with the service. Often they discussed difficult memories from childhood, which helped the researcher place their current experiences of struggling with their child's behaviour into a context. These struggles along with the parents' lack of a parenting model helped explain why they found receiving help from services difficult, and why, despite desperately wanting things to be different for their children, they were inevitably the same.

The theme of "Emotional processes" concerned the emotional journey the parents' had experienced during their involvement. Having disengaged emotionally as an adaptive strategy for coping with their childhood circumstances, this now appeared to contribute to their parenting deficits and secure-base provision. Reconnecting emotionally was therefore an important but difficult task, which had enabled them to empathise with their children, and to communicate and cope with their feelings.

The theme of “Cognitive processes” encompassed the cognitive changes brought about by the making links process. In many cases parents had experienced a shift in their perspective of the problem, often in terms of how they were contributing to it. They also reported being better able to understand their children and themselves, which had frequently led to improvements in their self-perception.

The theme of “Behavioural processes” concerned the changes in the parents’ and their children’s behaviour. Often the cognitive and emotional changes had led to positive behaviour changes: the parents becoming more affectionate and communicating better with their families, and their children engaging in less acting out behaviour. However, negative behaviour changes were also reported along with a lack of behaviour changes, indicating a somewhat unclear path between emotional/cognitive change and behaviour change following making links.

The theme of “Comparison” described the parents’ tendency to compare themselves with others throughout the narratives. This served a number of functions. The notion of a generalised other, for example, was frequently experienced as burdensome yet it served to guide the parents with their parenting (often in the absence of a parenting model). Making comparisons also enabled the participants to distance themselves from their own parents and helped them develop a sense of identity.

The theme of “Relationship with the therapist” encompassed the aspects of the therapist-patient relationship that the participants had most valued. The factors they discussed seemed to relate to safety in some way: the therapist being non-judgemental, their having an outsider’s perspective and their making the parents feel comfortable and relaxed. Such a relationship was deemed to be important in enabling

the parents to engage fully in the work, although it was thought some parents potentially only recognised this on a subconscious level.

The theme of “Relationships with others” concerned the impact of the intervention on the participants’ relationships in general. The participants described having experienced improvements in their family and marital relationships, and often attributed this to improved communication. This, along with positive behaviour change was considered a likely contributor to the parents experiencing a reduction in struggling.

The theme of “Services” represented the parents’ perception of public agencies, including clinical psychology and the Making Links Service. The parents’ prior experiences of services being disempowering and unable to meet their needs meant that they had low expectations of what the current service could offer them. Furthermore, some parents suggested that the timing had not been right for them before now. However, now ready for therapy, they had engaged in the Making Links Service and had found many aspects to be helpful.

## **4.2 Implications of the Findings for Making Links Interventions**

Many of the findings to emerge from the study were considered to have direct implications for making links interventions, in terms of how the various aspects can be managed most effectively. These implications are discussed in the following section along with some of the wider implications of doing this work.

#### 4.2.1 Managing the Emotional Experience

One of the main findings of the research has been that parents have found the making links intervention to be an intensely emotional experience. Reconnecting with the emotions they had, until now, blocked so successfully was generally experienced as painful and overwhelming by the parents, despite their receiving emotional support throughout the therapeutic process. This finding has raised the question of whether making links needs to cause parents to feel so despairing emotionally in order to make progress. The ethical considerations here are also numerous. Firstly, parents need to be giving informed consent to carry out such work, which is difficult for them to do without knowing the extent to which they will be affected. The emotional effect of this work also brings into question whether principles from the British Psychological Society Code of Ethics (2000) namely beneficence (only doing good) and non-maleficence (doing no harm) are being fully adhered to.

Secondly it is possible that feeling so low will adversely affect parents' emotional availability for their children. Cassidy et al (2005) have alluded to this by suggesting that "it may be necessary to titrate the intensity of intervention in order to avoid negative impact on secure-base provision" (p52). The suggestion that therapy can be "titrated" or made less intense is an interesting notion that could perhaps be achieved through providing more emotional support or staggering the intervention in some way so it is not so overwhelming.

However, in reality, it would seem that parents need to experience these intense emotions in order to make such dramatic shifts. Perhaps change is only possible in such a context. The potential benefits of engaging in the making links process have been shown by the narratives to be numerous, including improvements in parents' self-perceptions and relationships. Moreover, most participants in the study stated that the benefits of engaging in this form of therapy outweighed the costs. It would appear, therefore, that the end justifies the means. Perhaps what the study indicates, however, is that parents ought to be forewarned about the emotional repercussions of this work

so that they understand their reaction better and can, on some level, prepare for it. Normalising their reaction during therapy would also seem to be important, which is when background evidence, including findings from the current study, can be useful clinically. Nonetheless, the emotional impact is an aspect of making links that warrants further research, specifically in terms of the most helpful ways it can be managed by therapists.

The researcher's response to the emotional content of the interviews is discussed in the review of her reflexive diary (section 4.3).

#### **4.2.2 Empowering Parents**

One of the advantages of the study has been the emphasis placed on the parents knowing and communicating what they have found helpful about the service, rather than attempting to place their responses into the preconceived categories of clinicians and researchers. During the interviews, the parents discussed the aspects of therapy that they valued. These have been deemed informative for future service development.

One important finding related to parents' readiness for therapy. Clinicians may assume that parents lack insight, which can be indicated by an external parental locus of control (PLOC) (Koeske, 1992) in regard to their children's problems. However, the parents suggested that links to the past had often been made prior to their engagement with the service, indicating that the focus on these connections was not something entirely new to them. Furthermore, as some parents spoke of having felt unready for therapy before, this would point towards their knowing on some level that the past was in some way interfering with the present. This would indicate that parents are perhaps more aware of the necessity of doing this work than the literature would imply (Lieberman and Zeanah, 1999, for example, discuss parents having a

clearer rationale for discussing present as opposed to past relationships). Moreover, the parents' responses demonstrate that they are often aware of there being a right time for therapy, and that engaging in this work should not simply be guided by the intensity of their children's difficult behaviour. This is supported by Puckering et al (1994) who described how some mothers in their Mellow Parenting group dropped out and opted back in at various points. They concluded that:

“...finding the right time and having a choice seemed important in their willingness to undertake a demanding course” (p308)

Perhaps then, clinicians should ensure that they respect the parents' right to choose when to do this work, and that they focus on supporting them to make this decision rather than making this decision for them.

The finding that parents liked the well-paced, non-directive nature of the intervention would further support the notion of their wanting to have some control over therapy. Encouraging clients to find their own solutions to problems rather than directing them is well known to be associated with increased self-efficacy. This is described by Bandura (1989) who relates an individual's “sense of personal efficacy” to their problem solving ability and “optimal utilisation of skills”. In terms of attachment interventions, however, being non-directive provides a model of the attachment-exploration balance in that parents are encouraged to explore in a safe, containing environment closely supervised by the therapist. In Mellow Parenting, acknowledging the parents' autonomy in this way is believed to be a healing experience in itself, as it departs significantly from their usual experience of being told what to do. It is also in keeping with the “autonomy dimension” in that respecting the mother's preferences should, in turn, enable her to respect her children's preferences and thus become more aware of their “individuality, wishes and timing” (Puckering et al, 1994, p304).



### 4.2.3 Creating Change

Many of the findings from the current study have provided clues about factors to consider when trying to create change in attachment relationships. For example, some of the parents described their feelings having changed following the intervention, but not their or their children's behaviour. Lieberman and Zeanah (1999) have found this in their research. They suggest that:

“emerging insights often need to go hand in hand with conscious, determined, and sometimes very courageous efforts to change behaviour, in order to achieve lasting positive change in parenting styles.” (p557)

This, along with the parents' responses, would indicate that making links by itself is not always sufficient to create sustained behaviour change. That is to say, understanding why aspects of their parenting are difficult does not necessarily translate to those aspects becoming easier. This finding potentially relates to parents lacking a parenting model, in that they may now be more willing to provide consistency and affection but still require guidance on how to do this. Perhaps then, for the parents that have not made changes, the making links intervention could be usefully followed by an intervention focused more on parenting skills. Having engaged in the exploratory work beforehand, parents might be more available to a skills-based intervention, as many of the barriers to their using behavioural strategies (such as not wanting to be perceived as controlling so being reluctant to provide boundaries) would hopefully have been removed.

Cassidy et al (2005) recognise that multi-level interventions are often required to meet the needs of this population, yet they discuss mothers receiving either a behavioural or an “insight oriented” approach. However, the results from the current study suggest that, in light of some mothers needing to understand their limitations before being able to address them, both forms of intervention can be indicated. Perhaps formalising the provision of a parenting skills group might therefore be useful, so that parents know what to expect following the conclusion of the making links work. This would serve the purpose of helping parents avoid feeling as though they needed to have all

the answers by the end of the first intervention, and might also allay their concerns regarding the sustainability of changes.

The parents' use of comparison is also worth considering in the endeavour to create change. It is often useful for parents, initially, to understand how they are similar to their own parents in order for them to envisage how they could be different. However, as demonstrated in the parents' narratives, aligning themselves too closely with their parents can be experienced as excessively threatening to their self-concept. Clinicians should therefore be mindful of this during therapy, and attempt to facilitate the client's understanding of the differences as well as the similarities between themselves and their parents. In terms of other types of comparison, the parents' frequent use of within-self comparisons and comparisons with their children would suggest this to be something they find helpful. According to Winerman (2004) comparisons enable individuals to "develop an accurate self-perception" (p14) which, for parents, can be important as they come to terms with changes in their identity brought about by the making links process (such as recognising themselves to be a good mother). The clinician could therefore utilise comparison as a therapeutic tool both to help parents make the links (by, for example, enabling them to understand themselves better and to feel empathy) and also to manage the resulting ambiguity in how they see themselves. Further research could then help elucidate parents' responses to the therapists' use of this tool, and whether they derive the same benefit from it as when they use it themselves.

Another significant factor in generating change would appear to be the experience most of the parents had of the Making Links Service being helpful. This is significant in light of their overall conception of public services being unhelpful. Typically mothers with attachment issues find that their negative internal working model precludes them from trusting others and having confidence in genuine offers of help. Many well-meaning professionals therefore often fail in their endeavours to help these individuals, who then use these experiences as further evidence to support their negative beliefs about the world. For this reason, an important role of any attachment

intervention is to challenge parents' negative perceptions of services as a whole. This is backed up by McCluskey (2005) who discusses how giving parents one experience of someone trying to understand them can be of immense value. This is because having one exception to the rule can be enough to make them start challenging their preconceptions. After all, changing individuals' underlying assumptions and modifying their internal working model is, according to Bowlby (1980), the corner stone of psychotherapy. The Making Links Service being perceived positively is therefore not only an important experience in itself, but is also important in terms of enabling parents to have more confidence in services generally and being in a better position to receive help in the future. For clinicians this means that providing parents with a good experience of therapy is an important achievement in itself, even if they continue to encounter difficulties once it has ended.

### **4.3 Reflexive Diary**

Qualitative approaches have traditionally acknowledged the central role of the researcher in the research process. "Reflexivity" or the researcher's ability to reflect on and document what they bring to the research has therefore been regarded as essential for good practice (Henwood and Pidgeon, 1992). This is because once the researcher's assumptions and beliefs have been made clear, it is thought that the reader can place their interpretations into some form of context, thus enabling the consideration of other possible interpretations. Furthermore, such reflexivity is in-keeping with the idea of the researcher's "God's eye view" (Haraway, 1988) being an impossibility, as the act of researching a phenomenon inevitably leads to the researcher being implicated in it and thus shaping it in some way.

In accordance with good practice guidelines for qualitative research, I kept a reflective diary detailing my personal thoughts and feelings throughout the research process. The main topics on which I reflected are discussed below.

#### 4.3.1 Dual Role of Researcher/Therapist

At the time of conducting the research, I was a clinical psychology trainee in my 3<sup>rd</sup> year. I carried a caseload of individuals with attachment difficulties, currently involved with the Making Links Service, alongside the research. I found that I was frequently required to switch between my role as a researcher and my role as a therapist. This I found challenging for various reasons.

Firstly, as a researcher I was very aware of feeling under pressure to fulfil my course obligations by submitting a research project of a doctoral level standard. For this I needed to recruit research participants. This was not an easy task as a limited number of individuals were deemed by co-therapists to be at an appropriate stage in the work to engage in such an interview. Once recruited, research participants were then often difficult to contact and frequently cancelled or did not attend the interview. I endeavoured to make contact with these individuals, yet I questioned myself as to whether this was the right thing to do. Were these individuals communicating that they did not want to participate or did they simply struggle to make appointments? Moreover, I questioned whether I would have acted differently as a therapist as I did as a researcher. This did not sit well with me, and I questioned whether I was putting my own needs before those of my research participants.

Secondly, I wondered whether my clinical training impacted on my ability as a researcher. I had already developed views on the benefits to be gained from the making links process and wondered if this impacted on my responses, particularly were a participant to express an alternative view. Another way I considered my training to have influenced the interviews, was in terms of my interview style:

“It was tricky in the respect that I have been taught to reflect back people’s responses during clinical work, but in research I think it’s different because by

summarising what people are saying, there is a danger that you are constructing the narrative. I suppose you are sort of putting words into their mouths and encouraging them to use your words not theirs. And yet this is second nature to me now, and it seems impossible not to do it.”

19<sup>th</sup> February 2006

Re-training myself not to reflect, summarise or feedback to the participants (in the manner of a clinical interview) was therefore something I found challenging. I came to realise the extent of what I had brought to the research process and how the interpretive aspect of the approach I had chosen was particularly appropriate.

#### **4.3.2 Response to Emotive Material**

The nature of the interviews meant that participants often discussed difficult childhood experiences and life events, often resulting in the expression of strong emotions. This, inevitably, had an impact on me and whilst reviewing my diary, I realised that I too had experienced a multitude of emotions in response to what I had heard:

“Interviewing this lady made me feel tremendously sad. At times she came across as a lost child but I felt powerless to help. Some of the events she discussed: the death of her mother and her subsequent harsh treatment at the hands of her father (who reportedly blamed her), were difficult to listen to. It felt unfair and unjust and I left feeling a mixture of anger and sadness for her and for the childhood she had missed out on”.

22<sup>nd</sup> April 2006

I realised that these emotions had been informative and that they had most likely been a result of the participants' transference of their affect onto myself. As with the above example, my feelings of powerlessness and anger were likely to have reflected what the parent was feeling. This gave me great insight into her psychological world and how it felt to be doing this type of work. I considered this valuable information, and felt that my understanding of the emotional aspect of the making links process had been enhanced. However, it also made me think about the emotional impact of this work on therapists, and the importance of receiving regular supervision so that these feelings can be reflected upon in a safe environment.

#### **4.3.4 Researching an Attachment Disordered Population**

A significant aspect of the research experience, as documented in my diary, seemed to derive from my interaction with this particular population. To begin with, the practicalities of carrying out the research seemed to be influenced by the type of participants I was studying:

“It’s also made me think about just how difficult this population is to study. Not only do you have to contend with DNAs and huge amounts of defensiveness, so many parents in this population are depressed that providing thoughtful answers to essentially very abstract questions seems an impossible task.”

18<sup>th</sup> May 2006

I was aware that individuals with attachment issues might be more likely to miss appointments due to lacking a model for keeping commitments (as described by Welch, 1988, who suggests this to be a feature of all insecure adult attachment styles). I was also conscious that the parents' attachment style would most likely be reflected



in the nature of the interview and that, for example, if they were “dismissive” their responses would be more guarded. However, I did not foresee the extent to which this would influence my experience of conducting the research. Missed appointments were frustrating, and the concern that my questions were too difficult caused much anxiety, despite each participant providing a rich narrative.

Furthermore, there seemed to be a tension in the interviews between the participants reflecting on making links, and their continued processing of the past:

“Many of the participants do seem to be re-experiencing the past as they are speaking. I suppose the thing about making links is that it isn’t a static process: these women haven’t ‘finished’ making links.”

22<sup>nd</sup> June 2006

It occurred to me that the participants had potentially derived some therapeutic benefit from the interview, and regarded it as an opportunity to organise their experiences and review the work they had done so far. This was an unexpected outcome that highlighted the difference between researching clinical and non-clinical populations, in that the parents’ attachment issues were not only the focus of the research, they also shaped the research process itself. It also highlighted the ongoing nature of making links, and that this was something the parents would perhaps continue to experience indefinitely.

#### **4.4 Methodological Appraisal**

It is important when contemplating the findings of a study to understand the context in which they were generated, and to have an awareness of any factors that may impact



on the conclusions that can be made. The following section addresses some of these factors.

In the current study IPA was utilised as the aim was to find out about parents' experiences of the making links process. The key role of the researcher in conducting the research was also emphasised. This was considered useful as it was anticipated that a number of participants would be recruited from the researcher's caseload, and it was hoped that having an established relationship would enable them to feel more relaxed and so give better accounts of their experiences. The researcher having prior involvement was therefore viewed as something that would be advantageous to the study. However, throughout the duration of the research, none of the clients on the researcher's caseload were considered to be at an appropriate stage with the work to be interviewed. All participants therefore had to be derived from the caseloads of other therapists. Although not anticipated, this system of recruitment turned out to have many benefits. These parents were, for example, able to provide rich accounts of their experiences despite not knowing the researcher. Moreover, this meant that the suggestions made by some of the parents about responding better to a stranger were, inadvertently, accounted for. Having no prior involvement also had the potential advantage of allowing the participants to be more open about their perceptions of the service, which may have been complicated had they been interviewed by their therapist. Overall then, recruiting only from the caseloads of other therapists appeared to be suitable for the current study. Working therapeutically with participants prior to the research could, however, be an interesting dimension of future studies in this area.

Another important component of IPA that raised issues in the current study, was the use of a question schedule. Novice IPA researchers have occasionally documented being concerned that the themes emerging from their interviews simply reflect the questions being asked (see, for example, Larkin, 2003). This issue was reflected in the current study, as some themes (such as "cognitive processes" and "emotional processes") did seem to relate back to specific questions. As these themes were found

to be abundantly in evidence elsewhere in the narratives, however, and had not arisen simply in response to a particular question, they were nonetheless considered genuine themes.

In regard to more general limitations of IPA, the approach has been criticised by various researchers for its reliance on individuals being able to eloquently articulate their experiences. For this reason, some consider IPA to be more appropriate for well-educated, middle class groups (e.g. Willig, 2001), which would exclude the participants in the current study. Smith (2004), conversely, has argued that the richness of a participant's account is more likely to be related to their level of investment in the experience than their socio-cultural background. As the making links intervention appeared to have been a significant event in many of these women's lives, Smith's argument would therefore suggest the IPA approach being well suited to capturing their experiences.

Other limitations of the study included the lack of male participants. The gender of the participants was deemed to reflect the fact that every patient involved in the Making Links Service was female and that, in general, it is mothers who participate in attachment interventions. Often this is because, in Westernised societies, mothers tend to be the primary caregiver and are therefore more likely to have an attachment relationship with the child (van Ijzendoorn, 1995). Yet it is increasingly being suggested that the impact of the father's attachment experiences should also be taken into account, as if the mother is absent or unable to perform this role, they may be the child's main attachment figure. Therefore, in terms of research, more fathers need to be involved in these interventions before their perceptions of such an experience can be studied.

Lastly, another possible drawback of the study was that, as only mothers who had engaged well with the service were put forward by the co-therapists, the experiences

of those who had not benefited from the work were not included. It was considered, however, that participants needed to have made some progress in order to understand what was meant by “making links”. That is, they needed to have experienced enough of the phenomenon being studied to then be able to talk about their experiences of it. A wider range of perspectives (including those with less favourable attitudes towards this work) could, nevertheless, be usefully incorporated into further research.

In general, it would seem that the area of making links does warrant more investigation. As the participants in the current study formed a fairly homogeneous group (all female, from similar socio-economic backgrounds from the same region in Scotland) it would appear that there is much work to be done in terms of exploring the perceptions of other socio-economic groups living in different areas, finding out which experiences are shared and which are more unique. Furthermore, as the narratives in the current study were so rich in nature, carrying out case studies would seem a natural progression in enabling these experiences to be explored in more depth. Such detailed analysis can be of immense value as according to Warnock (1987, in Smith, 2004) it is “delving deeper into the particular... [that] takes us closer to the universal” (p42).

## 5. Conclusion

The aim of the current study has been to explore what is a fundamental aspect of a number of psychotherapies, namely that of making links between the past and present. This process has always had intuitive appeal in terms of helping parents understand and make sense of themselves and their children. Yet it has not, until now, been formally researched in regard to the impact on parents embarking on this journey. Many of the findings will perhaps come as no surprise to therapists, who might expect the work to have emotional, cognitive and behavioural consequences. However, the global effects of such an experience including its impact on different life domains such as work and within partnerships and friendships, might not have been expected.

The qualitative methodology appears to have lent itself well to the exploratory nature of the study, and its focus on the subjective experiences of parents and co-therapists. This approach has yielded rich and in-depth information about the nature of these experiences that simply would not have been accessible using quantitative methodology. Obtaining parents' perceptions of the service has been valuable in terms of making the service more client-centred and better attuned to meeting their needs. It is hoped, however, that it has also served as an empowering and positive experience for the parents, many of whom normally struggle to get their voices heard.

Researching individuals with a history of attachment problems has been shown to present numerous challenges, and the typical researcher (with limited time and resources) may be dissuaded from embarking on such an endeavour. However, the study has shown how promoting attachment security can be life changing for both parents and children, and is deserving of more attention. Further research is therefore essential so that parents are better supported in freeing themselves from their "ghosts in the nursery", and are afforded the opportunity to lead happier, more fulfilled lives.

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## Appendix I<sup>1</sup> What is Video Interaction Guidance?

VIG (video interaction guidance) is the UK form of SPinVIP (Scottish project in viewing interaction positively)

### Why may VIG be useful?

VIG looks at contact principles in interactions – "tuning in" to each other's initiatives and responses

Interaction difficulties – sometimes (but not always) relate to attachment and bonding and early mother/ carer-child non-verbal interactions

### Some possible reasons for disruption:

- ❖ Mother may experience depression
- ❖ Baby may be born premature and spend first few weeks in a baby unit
- ❖ Mother and father may experience shock or grief when they learn their baby is deaf. Parents may find it difficult to accept their deaf baby, instead of the hearing baby they expected. With "total acceptance" – parents 'tune in' to their babies (Papoušek's intuitive parenting)
- ❖ Parents who are hearing may feel unable to communicate with their baby who is deaf. They may feel disempowered; communication and "tuning in" will be affected

Often when babies and young children are not "tuned into", when they do not experience a close adult receiving their initiatives, or when they experience adults "training" them, "teaching" them and ignoring their own signals, they have difficulties in receiving others' initiatives and difficulties turn taking.

This can be seen later as the child who butts in, never listens, can't take turns, and intrudes. They lack the initial interaction experiences that underlie these skills. Their experience with interaction and communication may have been one of intrusion or of being ignored, rather than of their own initiatives being accepted and received.

Babies who are 'tuned into' and experience people receiving their initiatives, feel accepted as they are. They are able to develop a secure identity – a basis of good mental health.

Also the experiences of interacting will be critical in shaping the young child's understanding of other people's minds (development of social cognition)

These initial contact principles are the basis of communication and hence the basis of developing language. This applies whether the language is going to be spoken English or British Sign Language.

### How may VIG be helpful where there are interaction difficulties?

VIG is about identifying which contact principles are being used successfully in the interaction.

For example, with a parent /carer and baby or child, or between children (or adults). Successful or positive clips of interaction are seen and discussed within the VIG structure.

The method is very positive. Parents and practitioner focus on moments when the interaction is successful in order to learn from it (instead of looking for what is wrong and to be 'corrected'). The method focuses on a range of helpful 'attuned' adult responses, which help the child know that their communication has been received, and maintain and extend positive cycles of communication between them.

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<sup>1</sup> From Brighton and Hove Early Support Pilot Project: What is video interaction guidance? 2003 [www.earlysupport.org.uk](http://www.earlysupport.org.uk)

This can have powerful effects:

People who have experienced VIG often say that SEEING themselves and their children on video doing particular things which 'worked', was more powerful and clear than being TOLD about them.

They say that it helps them to notice things that they miss when they are busy 'in the moment'.

They have enjoyed having positive video clips of these 'good times' with their children that they can share with other members of the family and friends.

People have found it helpful to identify progress in development that they might otherwise have missed.

#### Ways in which VIG can be used

VIG can be used in a wide variety of ways.

It is parent/carer led according to the particular concerns of the family.

It has been used where parents are concerned over how they and their child can communicate when their child can't hear them.

It has been used where parents have been concerned over their child's behaviour difficulties, related to frustration at not being able to communicate.

It has also been used where due to a range of developmental difficulties their child is not making clear or frequent communicative initiatives.

It can be used within the family situation, if elder brothers or sisters are experiencing adjustment difficulties and feeling left out, due to the amount of time taken up seeing all the professionals involved with the new deaf baby.

It can be used to support a mother with depression.

It can be used to promote bonding with premature babies in units.

It is used where parents /carers or professionals want to develop and improve their 'tuning in' to develop more effective parenting, teaching or listening skills.

The emphasis is on following the child's lead rather than always directing. It is a reminder to us all of the importance of child- led opportunities for interaction, even when more structured adult- directed programmes are embarked upon.

The emphasis is also on collaboration between the family and the practitioner. The process of empowering families to develop more effective parenting strategies is less effective if the relationship between the family and the practitioner is hierarchical, where the professional is perceived as the expert who will make suggestions for improvement. It is believed that such approaches are likely to undermine confidence and competence, creating instead a dependence upon professionals.

In VIG the views of the family are sought and held to be of equal value to the professional's. This is a crucial factor wherein learning evolves through the experience of the shared interchange and reflection over the video clip. This type of dialogue is imperative in the process of empowerment.

With so many different professionals supporting parents of newly diagnosed and young deaf children, parents initially may feel that they lack skills, knowledge and competencies etc. VIG is able in a very concrete way (with video clips) to allow parents to recognise their parenting strengths and promotes empowerment.

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## Appendix II Information Sheet

Version 2- 14<sup>th</sup> December 2005

### **'Making Links' Service- Information sheet for service users considering participating in research**

Research Title: How do parents experience making links between their childhood experiences and their parenting style?

You have been put forward for the above research project due to your involvement with the Making Links Service. The research forms part of an educational project and will look at how you have experienced making links between your childhood experiences and current parenting. You may or may not wish to participate in this research. If you are willing to participate, you will not be asked to do anything different to what you would do normally. The service you receive will be the same. All we ask is that you participate in an interview about how you have found the experience of taking part in the service. This would take about an hour, and would take place in your home or at a local clinic- whichever is most convenient for you.

If you choose to participate, your interview will be audio taped and transcribed. The interview will then be erased, however, and your responses anonymised so that nobody would be able to identify who you are. Internal and external examiners at the University of Edinburgh would also have access to this data, but again it would be anonymised so they would not be able to identify you.

You have a week to decide if you wish to participate in the research. If you decide to participate and then change your mind at a later stage, however, your data would not be used. You would not need to give a reason for your withdrawal and the service you receive would remain the same.

If you have a specific question about the research, you can contact the **Chief Investigator, Rebecca Cooper, Trainee Clinical Psychologist** on telephone number **01383 565400**. If, at any time, you wish to make a complaint about any aspect of the research, you can do so by following the normal NHS complaints procedure through Fife Primary Care Trust, Cameron House, Leven.

If you are willing to take part in this research, you will need to sign a **consent form** to indicate that you have read and understood this information. You will be consenting to:

- Being interviewed by a clinician
- Your data being used for research purposes as outlined above

Thank you for taking the time to read this.

Rebecca Cooper, Chief Investigator



## Appendix III Consent Form

Version 2- 14<sup>th</sup> December 2005

### **Study: How do parents experience making links between their childhood experiences and their parenting style?**

#### CONSENT FORM

Please initial box

- |  |                          |
|--|--------------------------|
| 1. I confirm that I have read and understood the information sheet dated 14/12/05 (version 2) for the above study  | <input type="checkbox"/> |
| 2. I understand that my final interview will be audio taped but then erased to maintain my confidentiality   | <input type="checkbox"/> |
| 3. I have had the opportunity to ask questions and have had these answered to my satisfaction  | <input type="checkbox"/> |
| 4. I understand that my taking part in this study is voluntary and that I am free to withdraw at any time without giving any reason and without the service I receive being affected | <input type="checkbox"/> |
| 5. I agree to take part in the above study   | <input type="checkbox"/> |

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Name of Researcher	Signature	Date

1 x copy for Participant, 1 x copy for Researcher



## **Appendix IV Interview Schedule: Parents**

### **Introduction: Parents' Experience of the Service**

- How did you find the overall experience of being involved with the Making Links Service?
- What did you think you learned whilst being involved with the service?
- How did it compare with what you had expected?

### **General Overview of Making Links**

- Were you able to make links between how you were parented and how you parented your child?
- What links did you make?
- How did you come to make these links- e.g. could you remember the specific moment you made the link? What processes occurred?
- What was the most effective aspect of the service, in terms of making these links?
- Did your relationship with the therapist have an effect on making links? Can you think of a specific example?

### **Cognitive Aspects**

- Did making these links affect the way you thought about things? Can you think of a specific example?
- Did your thinking change during the process of making links?
- Did you think anything new?
- How fleeting were the thoughts?

### **Emotional Aspects**

- How did making these links affect you emotionally/make you feel? Can you think of a specific example?
- Did your feelings change during the process of making links?
- Did you feel anything new?
- How fleeting were the emotional feelings?

### **Behavioural Aspects**

- How did you behave at the time you made the link? What did you do?
- Did making these links affect your parenting? Did it affect your child's behaviour?
- Could you *see* how things were different?
- Did you believe the change in your behaviour would be permanent?

## **Benefits and Drawbacks**

- Did you see the process of making links as being a good thing or a bad thing?
- Was there anything good /not so good about making links?
- Did you change your mind about the benefit of making links at any point?  
What was the process?
- Do you think that making links will have any effect on your relationship with your child in the future?
- Did making links affect anything else? PROMPT other relationships, how you saw yourself etc.

## **Appendix V Interview Schedule: Co-therapists**

Could you tell me about your experiences of working with parents and children who are considered to have attachment problems?

PROMPT

- How do you find working with this population?
- Is it something you regularly see?

In your experience of facilitating parents to make links between the past and present, do you have any thoughts about how they experienced this process?

PROMPT

- How it seems to have affected them
- Cognitively/emotionally/behaviourally

Do you think that your relationship with the parent/s impacted on the way in which they experienced the intervention?

PROMPT

- How they engaged
- The work that they were able to do

What is your impression of parents' overall experiences of receiving the intervention?

PROMPT

- Good thing/bad thing/mixed feelings?

## Appendix VI Excerpt from a Coded Transcript

### Participant 6

**Okay right so erm the first question is what do you think you would say are your overall experiences of being involved in this service with Therapist 1?**

My overall with with Therapist 1 cos' obviously I've had previous (right) erm but we don't need to cover that erm the one with Therapist 1 was probably erm experience its been quite enlightening probably on the whole (mm-hmm) erm and to discover you know that there were things that I thought didn't affect me at all and that obviously it has affected me

**Right so you've learned a lot (yes) you would say (yes) and erm are you saying that you've seen people before? (yes) But that was different work?**

Yes totally sort of it was another it was a clinical psychologist that I saw but they had a total different obviously way of kind of working whereby it was just going and listening it didn't you know sort of try and not lead you in anyway but you know work through things it was just sort of oh well that's fine it's fine for you to feel like that no it's not okay for me to feel like that I don't want to feel like this you know how can I not feel like this and change things? Whereas Therapist 1's definitely been doin' that an'

**Well that's good then/**

/and sort of work through things

**So you've got something out of it**

Oh yes definitely 3 years I was with a clinical psychologist and got nowhere and what 2 or 3 months I think that Therapist 1 has yeah

**Erm and so can you tell me I mean what do you think you learned whilst being involved with the service?**

Erm. I think probably the overall thing that I've learned is that I'm normal that I'm you know (uhuh) that certain circumstances that's happened in my past has led me to react and behave the way that I do (mm-hmm) erm but that I'm normal and I'm certainly not crazy or insane or loopy erm I definitely feel that I'm normal and it's okay

**Yeah and that's been helpful (yes) uhuh I see so that's the overall thing (mm-hmm) that you think you've learned okay so how would you say that your experiences compared with what you expected to get out?**

Erm to be honest when we first sort of came it was more to do with my daughter but then obviously my daughter was reacting erm to how I sort of was and it was just a constant erm so I just you know sort of expected you know we just won't get anywhere it'll just be you know (yeah) but it's been totally different to what I actually expected

**I see so you had quite low expectations**

not wanting to discuss previous therapy or distract the interview?

Discovering the part plays a role

changing her view

Different approach listening not helpful

Don't want to be validated

Feeling not okay

Just trying to be different

Appreciate things need to be worked through getting nowhere, extensive input prior to MLC service

Importance of being 'normal'

Not possible for her behaviour

Normal = okay

crazy/loopy = derogatory

Shift in locus of control

couldn't comprehend

change in the past

low expectations

New perspective

unhelpful service

Helpful service

unhelpful service

Being 'normal'

making sense of self

locus of control

Expectation

ther professional  
seen  
relationship &  
therapist important  
being comfortable &  
relaxed

merchandise  
being the right  
questions  
caring her

Focus on her

neuro subconsciously?  
the need to change  
first  
a demure effect  
daughter will behave  
better

erious input  
relayed her to see  
her role?  
starting new here  
sort work history  
pleasing herself  
she has left this in

11 worried history will  
repeat itself  
righter how anger problem  
being addressed

ther see therapy as  
helpful. Some a her?  
daughter has  
modulatory input

recognizing voluntary  
tendency is important

addict phase  
his mother when  
angry  
acting out

Yes I think that with the past experience that I'd had cos' as I say I'd seen a cognitive behaviour therapist and a clinical psychologist before and really got sort of nowhere and I don't think that I sort of clicked with them you know at all I think really is a sort of part of it as well it's when you feel quite comfortable with the person

**Yeah uhuh so you clicked with Therapist 1 ok and your expectations changed?**

Yes. Cos' she wasn't someone who just sort of sat there and went yes ok right (mm-hmm) with them sort of asking me questions to (aha) sort of channel kind of things and

**Yeah uhuh so erm you sort of started of doing sort of work with your daughter (yes) and then it's kind of the work's changed a bit has it the focus has changed**

Yes to me [laughs]

**Aha and how that's been erm/**

/I think I'd always known that the reason I reacted to things was then you know she was you know picking up on that and then behaving and so it's sort of if I can change the way that I deal and cope with things then obviously it will have a knock on effect because then (yes) she won't react sort of you know like that

**So you say that in your heart of hearts you always knew that.**

**If you know that the change needed to come from you/**

/Yes mm-hmm I think it's somethin' that you sort of you know because I'd seen these others and I had got nowhere at all so you know I don't want Child 1 that's my daughter (mm-hmm) d'you know goin' through the same as me and havin' to deal with the same sort of kind of issues and you know bottling things up and kind of

**Yeah were you worried at some stage that she would?**

Still am because she's still quite you know an' angry erm child and what have you but she's doin' anger management now through a family support sort of worker (mm-hmm)

**So the concern's still there**

Yes but she won't come and see Therapist 1 cos' she says she does nothing for her she doesn't want to sit and talk about things (uhuh) but she has to see this family worker because she got excluded from school and that was one of the terms that she had to see this lady

**Right okay so she's chosen not to work with Therapist 1**

No she doesn't want to. Keep tryin' to you know but you can't force them an' it has to come from herself

**Well how old is she?**

She's 14

**Ah I see so/**

/so she's sort of at that stage but it's just mostly with her anger and that's she sees me doing you know certain things and she thinks that she can bang doors you know smash things an (mm) {{transcriber cannot hear for two seconds}}

Unhelpful service

Safety

Helpful service

loss of control

loss of control

Unhelpful service

Change v. similarity  
history repeating itself

Change v. similarity

Unhelpful service

Readiness for therapy  
hiring

Modelling  
making sense of child  
apt & feeling



Okat erm So like I was saying a minute ago part of this research is about looking at how people experience this process of making links to the past and seeing how that's affecting them now currently and I was just wondering sort of what your experiences were of doing that kind of work?

Hmm I think it's a lot of things obviously to do with my past and then I always thought it hasn't had any effect on me and I always believed you know that you have two paths and you chose the path that you wanted to go so you know I've had such bad experiences throughout my life I thought it was just cos' I'm a bad person I just chose to go down that road I've only got myself to blame I'm no good and I think then working erm with Therapist 1 has led me to find that I've chose these decisions and put myself in these situations because I didn't know any better I haven't you know yes. Hmm. It's tryin' to find the words as well (aha take your time find the words) [laughs] I didn't know any better and didn't have. That's just the way that I thought that I deserved (mm-hmm) to live a life like that (mm-hmm) and have no sort of self worth or belief or anything else of myself (mm-hmm) erm because I blamed me (yeah) everything then was you know about me (aha)

**So that's been your way of coping has it?**

Yes yes everything's always been my fault cause I'm a bad person I'm not good you know (aha) erm and I think working and then you know sort of goin' from the abuse into abusive you know sort of relationships and but then I felt then I deserved you know them and I used to goad them or them to hit me because then it made me feel as though sort of then I was being sort of punished so I had a lot of {{transcriber cannot hear for one second}} and Therapist 1's led me to see that I was a child back then I didn't know that it was wrong but I've carried that guilt because obviously I'm an adult now and now I know that it was wrong (mm) and I used to look forward to the game and playin' this sort of game (mm-hmm) and just sort of you know and discovering sort of all that as to how much it has had an effect on the person that I am and who I am (mm-hmm) and you know why I've been so because my mum always said to me that I came to a certain age and I changed and I was like didn't you ask yourself why I'd changed? and she says I went from this happy-go-lucky child to this you know she calls me the child from hell (mm) and it was just so. So angry and just you know the shutters then came down (mm-hmm) and I think workin' with Therapist 1 It's about accepting things that you can't change the past but you can learn to I think deal with it whereas I've always just you know brushed it aside and pretended to myself that I was makin' it up as well I went through that for a while (really? What like make believe?) Yes well I hadn't told no one about it and then I told my mum erm but it came out in the long term the way it came out was in an argument sort of thing and she was like well I don't know when that happened because I didn't ever leave you you know

giving the past has  
caused a rule  
a 'chase' a  
bad life  
her fault  
erm of bad  
experience  
A choice = no good  
a really bad  
has made her feel  
down  
at her fault  
why to give a good  
cent of herself  
a warning of a good  
life  
I was responsible  
for her problems

negative self concept  
abuse relationship  
subsequent relationship  
very punishment  
situation to  
at her self concept  
learning she carried  
childhood guilt  
with an  
adult perspective  
over the past has  
made her who she is  
appreciating the extent  
how affected her  
personality  
personality change not  
verified by mum  
informing her?  
Disengaged.  
Accept the past  
over to mind  
make believe  
today not at the  
time  
invalidation  
self-doubt

Difficult memories

Self blame  
Self Concept

Self sense of self

Self Concept  
Self Blame

Self blame  
Self Concept

Self sense of self

Self Concept

Being uncared for

Emotional disengagement

Accept the past

Emotional disengagement

Fantasy - defence  
Mechanism

Difficult Memories

...to doubt self  
...disbelief by  
...mother  
...guilt?  
...to think make  
...  
...disbelief  
...made it  
...near  
...vivid memories

...involvement  
...above to being  
...bully  
...hurting others  
...hurt herself  
...guilt. 2nd person  
...living the guilt  
...reminded  
...behaviour  
...she was a child  
...mechanism  
...nobody could  
...empathise with  
...her

...can think rationally  
...in therapy  
...help to see she's  
...not bad  
...voice made for a  
...leaves  
...involvement  
...up barriers  
...to work to bring them  
...down  
...emotions = weakness  
...that needs to change  
...emotions come upon her  
...ambivalence  
...her feelings/emotions  
...fragmentation?  
...harsh with self

...the emotions  
...initially shifting  
...self  
...2nd person

alone with him for long cause it was a babysitter that used to come in (mm) so then I started to doubt myself and I think it was easier for me to pretend that it didn't happen because I don't want to put guilt on anyone else so then my mum was then gettin' oh I've been a bad mother so I've then tried to think oh maybe I am makin' it up and I still have a bit of you know kind of disbelief sort of you know maybe did it really happen? You know but Therapist 1's helped me to you know with how I am and how I've reacted that it definitely it I have too many sort of you know vivid

**Yeah that must have been horrible thinking that if you were obviously a child at the time and having no one else to corroborate that I mean that sounds really tricky but you've kind of you can see that that was what you were doing and you did that for a reason/**

/Yeah and I think that's it I did it to survive I have to stop you know because then I turned into a bully and to have all that guilt that I hurt other people but obviously I was hurting other people because I was hurting inside but I just feel so sorry then for the kids that I've bullied and you then you know you take all that you know you were horrible you were nasty (mm-hmm) and you still sort of live that now when you meet people because I've lived here sort of all my life and you come across people yeah I remember you at school you know you were nasty and it hurts and its sort of like yes but that was you know I was a child I didn't I didn't know that was what I had to do to survive (mm-hmm) and it's like yeah I had no right to make someone else feel like that but nobody had any idea how I was feelin' what I was goin' through so that's been quite hmm difficult

**So has it kind of changed the way that you look at yourself?**  
**Or you see yourself?**

. Sometimes when I'm when I'm and you know here and you do the rational sort of thinking and we can talk through things and Therapist 1 can make me sort of see that I'm not a bad person that I've made these choices because I would say I didn't know any better that was what I had to do to survive I had to you know the brick wall no one will touch me no one you know will get in no one will bother me as sort of you know chipping away at that I also have a thing about showing emotions is a sign of weakness (right I see) erm so it's all I'm fine you know (mm-hmm) but working with Therapist 1 is breaking that down now and I'll find I'm walking along the street and I'm crying and then I feel so elated that I can cry in the street but at the same time I'm so angry at myself cause I'm like get a grip you know why are you crying stop crying

**I see so that's still there then (yes) is it that it's a weakness (yes)?**

I can do it now whereas before I couldn't I used to fight back you know and sort of you know and sit on my hands and kind of you know grab yourself to stop yourself from crying and what have

Emotional  
disengagement

Helpful service  
Difficult memories

Matly sense of self  
empathy

Cop's Mechanism  
empathy

Rational thinking  
New perspective  
Matly sense of self

Emotional disengagement

Identifying feelings/  
Reconnection

Disengagement

Disengagement



More open with  
her feelings  
still mixed feeling  
still trying to  
accept the past

Challenging automatic  
thoughts  
Big changes  
Accepts everything  
changing has the reach  
re-living the past  
Not being listened to

you but I find that I can openly erm and I can cope whereas before I couldn't (mm-hmm) and I can openly talk and what have you but no I still have the. (that that little bit) yes it's still that get a grip what happened in the past is the past you need to let it go you need to move forward and (mm-hmm) get a grip woman just just get a grip

But it sounds as though you've made a lot of progress (oh definitely) because if that's something you've been thinking for a long time or for a while/

/yes that's the thing because you just expect you know.. and that's it everything's hunky-dory and it's not because it's like re-training I suppose my whole thought process and how I deal with things and you know and how to sort of cope with things and (yeah) but any decision or anything else or you know when someone says somethin' to me all. How I react to that as though it's from the past and if someone says something to me and for some reason it can pull me straight back to child (mm-hmm) and I just feel so worthless and as if no one's listening to me an' (yeah) so that's quite

I see it sounds as though you've made a lot of progress (yes)

## BREAK

Erm right so that's your experience so far of making these links you've you know you've come to a point where it feels less like erm it's an awful thing to show emotions (mm-hmm yeah) so it sounds like you've made huge progress there but there's still work to do? (mm-hmm) okay so in terms of like the specific link that you've made to the past is there anything that's come out while you've been parenting is it Child 1 (Child 1 yes) while you've been parenting her whether you've said something or done something is there any point where you've thought that comes from that? That's the reason why I do that?

I think very defensive you know I sometimes then we get into a situation of who's the adult and who's the child because obviously she'll go through the stage where she's defending her you know wants to go out no you're not going out because you're grounded because you know you haven't done such and such and then the name calling you know sort of starts and rather than me just ignoring that I'll sort of retaliate to that and we end up in this sort of screaming match which is just you know sort of pointless but that's more about my defence mechanisms kicking in no one will never put me sort of down again but then we can end but we can then end up you know in endless sort of arguments I then find I've got four children I'm very defensive of them erm.. um I find I probably molly coddle them too much from the outside world (yes) no one will hurt my kids you know the way that I've sort of been hurt so I'm always if they come in crying at such an such has said something to them an I'm out

Copy with feeling  
communicating feeling  
Disengagement  
accepting the past  
Soldiering on

changing Negative  
Automatic thoughts

Regression

Role reversal  
recognising a typical  
stage - adolescence  
Arguments -  
trying to implement  
boundaries  
Escalating arguments  
recognises her response  
as a defence mechanism  
simultaneously way  
to attack + defend  
her children  
hurt not to be  
repeated

Role reversal

Shedding  
Molly sense of self

Historical reflecting  
itself

## Appendix VII Table of Themes

### Participant 6

#### 1. The Past

- Struggling "screaming match"
- Difficult memories "can't remember... happy times"
- Similarity vs. change
- Lacking a parenting model

#### Key

**Represented in current narrative**

Not represented in current narrative

#### 2. Emotional Processes

- Emotional disengagement "shutters then came down"
- Identifying feelings/reconnection "okay to feel"
- Emotional investment "never been so low"
- Coping with feelings "I can cope"
- Communicating feelings "I can now cry"
- Empathy "feel so sorry"

#### 3. Cognitive Processes

- Making sense "didn't know any better"
- New perspective "to discover"
- Parental locus of control "I can change"
- Self-concept "I'm a bad person"
- Making links in a crisis

#### 4. Behavioural Processes

- Negative behaviour change "getting worse"
- Positive behaviour change "take myself out"
- Feelings not linked to behaviour change

#### 5. Comparison

- With parents "conversations with my mother"
- With child
- With others/generalised other "other people"
- Within self "my psycho side"

#### 6. Relationship with the therapist

- Not being judged "isn't going to judge"
- Outsiders' perspective "doesn't know anything about you"
- Safety "comfortable enough"

#### 7. Other relationships

- Relationship with partner
- Family relationships "best friend"
- Communication "sit and talk"

## 8. Services

- Unhelpful “got nowhere”
- Helpful “change things”
- Timing “conversation for later”
- Sustainability “maintaining that”

**Fife & Forth Valley Local Research Ethics Committee**

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Hayfield House  
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KY2 5AH

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L1698 06/S0501/123

20 December 2005

Miss Rebecca Cooper  
Trainee Clinical Psychologist  
Fife primary Care NHS Trust  
Psychology Staff Base  
Lynebank Hospital  
Halbeath Road  
Dunfermline  
KY11 4UW



Dear Miss Cooper

**Full title of study:** How do parents experience making links between their  
childhood experiences and their parenting style?  
**REC reference number:** 06/S0501/123

Thank you for your letter dated 15<sup>th</sup> December, 2005 enclosing the revised documentation as listed below:-

- Section A10 to A14 of the Application Form
- Section A37 to A44 of the Application Form
- Participant Information Sheet
- Participant Consent Form
- Pages 41, 44 and 45 of the Adult Attachment Interview Protocol

We would like to confirm that **approval** has been granted under the Chair's Actions.

Yours sincerely

**Robert Buchan**  
Chair  
Fife & Forth Valley Local Research Ethics Committee

Miss R Cooper  
Trainee Clinical Psychologist  
Psychology Dept  
Lynebank Hospital  
Halbeath Rd  
DUNFERMLINE KY11 4UW

Date 27th February 2006  
Your Ref  
Our Ref 05/s0501/123  
Enquiries to Aileen Yell  
Extension  
Direct Line 01383 623623 Ext 3327  
Fax No  
Email aileen.yell@fahf.scot.nhs.uk

Dear Miss Cooper

**Project Title: "How do parents experience making links between their childhood experiences and their parenting style?"**

Thank you for your application to carry out the above project.

Your project documentation has been reviewed for resource and financial implications for NHS Fife Primary Care Division and I am happy to inform you that Management Approval has been granted, subject to all necessary Ethical approvals and Honorary Contracts being in place.

Details of our participation in this study will be included in quarterly returns to the National Research Register and annual returns we are expected to complete as part of our agreement with the Chief Scientist Office. The enclosed Research Registration Form has been prepared and should be checked, signed and returned to the R&D Office, Queen Margaret Hospital, Whitefield Rd, Dunfermline KY12 0SU. If you have any questions or need further information contact Moira Imrie, Research Coordinator on: 01382 420079 or at m.imrie@chs.dundee.ac.uk

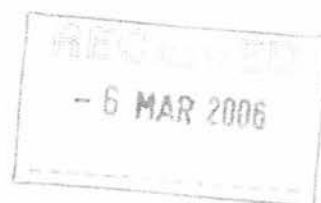
May I take this opportunity to remind you that all research undertaken in NHS Fife is managed strictly in accordance with the Research Governance Framework (RGF) and should be carried out according to Good Clinical Practice (GCP). In order to comply with the RGF, the R&D Office are required to hold copies of all study protocols, ethical approvals and amendments for the duration of this study.

You will also be required to provide information in regard to monitoring and study outcomes, including a lay summary on completion of the research. I would like to wish you every success with your study and look forward to receiving a summary of the findings for dissemination once the project is complete.

Yours sincerely



Dr Stella Clark  
Acting Medical Director



Cc : Aileen Yell, Asst R&D Co-ordinator, NHS Fife, Queen Margaret Hospital, Dunfermline